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ABSTRACT

An introduction by Dr. David D. Komisar provides background and objectives for a study which eventually involved observations in six residential institutions. Two institutions were judged to be ineffective as residents appeared to be not happy or self-sufficient, showed little intellectual growth (or were rarely, if ever, retested), had many stereotyped behaviors, and manifested excessive needs for social reinforcement. One institution emerged as clearly effective and one as moderately so. In five of six institutions, other ward residents were the greatest source of interpersonal contacts; in only one institution did attendants and other nonretarded adults interact as frequently with residents. Between one third and one half of the time of severely retarded residents of the typical institution was spent in doing nothing. The attitudes of attendants at the different institutions showed remarkable consistency. While verbal and psychological attitudes of parents did not differentiate between effective and ineffective institutions, parents of children in an effective residence visited children more frequently. Additional research results and implications are presented, and schedules of a typical day at each institution are included. (RJ)

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RETARDATES IN RESIDENCE

A STUDY OF INSTITUTIONS

by

M. Michael Klaber

UNIVERSITY OF HARTFORD
WEST HARTFORD, CONNECTICUT

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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M. Michael Klaber

INTRODUCTION: BACKGROUND OF THE STUDY

It would be rare to find a smooth and direct path in an honest tracing of the history of a project, from the original motivations and understandings, leading to the preliminary outlines of a possible study, to the final report of the completed project. This study gave preliminary emphasis to parental attitudes and concluded with some basic questions concerning the administration of residential centers for the retarded.

After a year's study of programs and services for the retarded (1962-63) in some 20 states and in six European countries, Dr. David D. Komisar felt that the growing stress on community resources and community responsibility raised a number of important questions, challenges and opportunities. It was obvious, for example, that retardates in Holland, Sweden and Denmark were reaching vocational and self-care levels above those observable in most of our own programs of comparable individuals. Mongoloids in The Hague, Holland, were busily at work in a footwear factory and were living in "half-way" houses. In this country certain sheltered workshops were making excellent use of mongoloids, but the level of work was different, as was the residential situation. Of course, there were also vast differences in this country, in the aims and results of programs in different states and even within the same state.

More important than the comparison of programs and services in one geographical area with those in another was the question of expectancy on the part of those designing and implementing programs and the question of possibly revising estimates of the capacities of the retarded.

In Connecticut there was a strong movement for the establishment of regional centers to provide day care and residential services for the retarded. For decades professional advice to parents of retarded had stressed the value of institutionalization. The move toward regional, community-oriented centers implicitly acknowledged that keeping the child at home, whenever possible, was the preferred alternative. Closely related to this change in basic philosophy was the growing realization that too little attention had been given to the fact that retardates are influenced, as are all individuals, by love and affection, by personal attention, and by enriching experiences. The intellectual growth potential of the retarded is more limited, but we know as little (or at least there is as much controversy) about the growth potentials of all but the most severe cases of retardation as we do about higher I. Q. individuals. Ironically, a historical review of the original reasons for the growth of residential institutions points up the stress by professionals at that time on the inadequacies of home care in meeting the needs of the retarded.

There is no need to examine in detail the complex problem of residential care as an alternative or supplement to home care. A review of the literature on this subject clearly indicates that the adequacy of the individual home, the particular needs of the individual retarded child, as well as the adequacy of services and programs in the community and in the available residential centers, are all critical factors in each decision. It is also apparent that decisions made at one stage of a retarded individual's development need to be reassessed, again with all factors evaluated, throughout his life span. What is underscored in the developments of the last ten years is the decline of many stereotypes concerning both home care *and* residential care.

At the time the pilot study was organized there were few studies in the literature (Butterfield, 1964) touching on differences between institutions. Butterfield & Zigler (1964b) studied the effects of social reinforcement in two institutions with obviously differing environments. On a test of persistence in attention-seeking behavior, they found that residents in one institution differed significantly from the residents in the second, and attributed this difference in their behavior to differential social reinforcement patterns in the institutions. Butterfield and Barnet (1964c), in a factor analytic study using highly objective items such as "average daily cost per resident" and "physician to resident ratio," found significant differences in a review of 26 institutions for the mentally retarded. While this was a beginning, the authors pointed to the need for the study of other and more relevent variables which may differentiate institutions.

Among the variables which would be expected to have a most significant effect upon the behavior of residents in an institution are those associated with the amount and quality of human contact the residents receive. There is commonly accepted agreement that human personality, as we know it, is developed principally by interaction with other human beings; and that the way a person reacts to another is largely determined by his attitudes toward and expectations of the other person. Thus, the behavior of institutional residents would be affected by their contacts with aides and other personnel, by the attitudes and expectancies of such people and also by the attitudes and expectancies of the parents who visited them. The individual life histories of each retardate *before* institutionalization was, of course, highly significant.

The work of McClelland (1955), based upon many studies, illustrated quite clearly how the attitudes and expectations of parents influence the achievements of their normal children. Kahn (1953) showed the relationship of parental pressure and their normal sons' aspirations. Zigler, and associates (e.g., 1961; 1963; & deLebry, 1962; & Hodges & Stevenson, 1958; & Shepps, 1962) and Stevenson and associates (& Cruze, 1961; & Fahel, 1961) have shown the importance of social contacts, as behavioral determiners and reinforcers among many groups of children, but particularly among institutionalized retardates.

Some research had been done in the area of assessing the attitudes of parents of retardates living at home (e.g., Stoddard, 1959) and of the attitudes of institution aides (Dentler & Mackler, 1961; Dingman, 1963). Stoddard, using a directed interview to get at parental attitudes, and a behavioral rating scale devised for her study, found no correlation between the parents' realistic awareness and acceptance of the children's defects and needs and the progress and growth of the trainable retarded children. She felt that the instruments needed further refinement. Dingman, et. al. (1963), and Dentler & Mackler (1961) used the PARI (*P*arental *A*ttitude *R*esearch *I*nstrument, Schaefer & Bell, 1958) to investigate the attitudes of parents and aides. Dentler and Mackler reported differences between mothers and fathers, and between them and the aides, with the parents having the more "desirable" attitudes, even though the institution emphasized psychiatric training for aides. Our review of the literature revealed no studies which relate the attitudes or expectancies of institution staff, and parents of institutionalized retarded children with behavior changes in the children.

It was our hope in the pilot study to find out if observations of the daily living experiences of retarded residents in institutions could be made in such a way as to throw light on the effect of personal relationships. The problem of assessing the amount of contact a child has with non-retarded personnel could be studied, in part, as Butterfield and Barnett (1964c) did, by getting ratios of instituition personnel to residents. It seemed feasible to obtain a more detailed account of the actual experiences of trainable retarded residents by direct observations over a period of time. Hudson (1960) had observers taping running accounts of teaching situations for twenty minute periods, and found a satisfactory degree of agreement among the observers. More specific observations, covering briefer periods of time, by trained observers appeared to offer a dependable and reliable method of observing the interpersonal contacts of a retarded child.

In the area of evaluating behavior changes of retarded children, the T.M.R. Performance Profile for the Severely and Moderately Retarded — Teachers Manual (DiNola, et. al., 1963), was constructed to measure such aspects of retarded children's behavior as "social behavior," "self-care," "communication," etc. It was designed, however, to be completed in a school setting by teachers of retarded children. With modifications, this instrument could be adapted as a behavior rating scale for retarded children in an institutional setting, to be used by staff members who know the residents.

The pilot study began in February, 1964. It has three major objectives: (1) to devise appropriate instruments, after an exploration of recording techniques, and to test both the techniques and the instruments in actual observation trials at two residential centers; (2) to develop "rating scales" for residential center personnel and for parents; and (3) to complete the design of the formal study and to submit it as a grant proposal by the end of this preliminary study period of six months. These scales were to cover the present self-care, language, social and interpersonal behavior status of the retarded child. Opportunities would be provided for estimates by both parents and institutional personnel as to their expectations for the future development and possible improvement of each retarded child in these behavioral areas. The third and most demanding objective actually took longer than the planned six months. So too, as it turned out, did the work on the first two objectives dealing with the forms, scales, and recording techniques.

All through the period covered by this study the investigators and their staff received excellent cooperation from the Connecticut Office of Mental Retardation (under the leadership of Mr. Bert Schmickel), the Connecticut Office of Special Education, and the Connecticut Department of Vocational Rehibilitation, headed by Dr. James Peters.

In the preparatory period, Dr. Harry L. Leonhardt and Dr. Julian Streitfeld worked with Dr. Komisar on the three objectives indicated above. Several revisions of the procedures for observing the daily living experiences of the retarded were necessary, each revision requiring a modification in the forms employed. Two observers were, in terms of age, experience, and training, essentially the type of personnel required for the full study. One of the two initial observers, in fact, did continue as part of the "observation team" for the entire research program.

About 40 residents of a regional center and a training school were observed by the two staff members for well over 200 hours, involving more than 2,000 individual recordings. Observations were made at set periods covering the full day in the life of each resident, from the time he awoke to the time he went to sleep. Much of this material is included in the appendix, where the institutions studied are dealt with at length.

From the beginning it was clear that there were sharp differences in staff-to-resident ratios. The number and *quality* of interpersonal contacts varied between the two centers, varied for individual children, and varied in different residential units within the same institution. What proved to be encouraging was the degree of agreement between the two observers in their independent judgments, based on one-minute observations of the same child. By the end of the pilot study period, the observers were recording the same data, independently, in over 90% of their reports.

Observation data included notations of instances of distress (crying, temper tantrums, etc.), instances of special individual attention by attendants or other personnel, "positive" or "negative"; behavioral interactions between the residents; and precise descriptions of the activity program actually taking place (sometimes in contrast to the "schedule" activity that theoretically was to have taken place.)

"Expectation" items were prepared for the survey of residential center staff personnel and parents. Topic areas covered in the initial form ranged from the physical coordination of the child to possibilities for job placement. These items were tested on ten staff members of an out-of-state school for the retarded and ten parents of retarded residents of the school. (The out-of-town institution was chosen so as not to disclose prematurely the contents of the questionnaire to the staff of the Connecticut centers involved in the study.)

Children were assessed by the "rater" in terms of their present status, in terms of what might be expected in five years, and then as to the probable situation when the child would reach the age of 30. For example, the child's present ability to dress himself, or to handle money and make small purchases, would be rated as it appears to be at present and as it might be expected to be in five years and at age 30.

Items concerning self-care, social, intellectual, pre-vocational, and related behaviour skills were assembled in a check list designed for use by institutional personnel familiar with the retarded. There were items covering the child's ability to recognize adults, his ability to follow directions, his performance in group play, his persistence in "vocational" tasks, his need for assistance in eating solid foods, his understanding and following of safety rules, and his use of gestures and speech in communication. The preliminary form of this behavioral check list was administered to ten aides at another training school in another state. Here, agreement between "raters" was essential. It appeared that aides, (of whom there were five pairs) rating the same child were in close agreement. This instrument, which covered in greater depth some of the same factors as the Vineland Social Maturity Scale, was to be used as a dependent variable during the course of the main study. We were interested in recording any changes in the behavior of our study population. Revised versions of the check list were tested on different personnel before the final version was completed.

The focus of all of the planning was on a longitudinal study. It was planned to match residents who were transferred from our facility in 1961 with residents who remained there. Matching was to be based on chronological age, mental age, length of institutionalization, the organic-familial dichotomy, and a special recording of monogloid conditions. This was to be a retrospective study first, followed by a longitudinal review.

At the time the planning study was conducted, Connecticut had two additional regional centers under construction. It was hoped that the residents transferred to these two regional centers would be selected on the basis of a preliminary matching as indicted above. Since the two centers could not accommodate all of the retarded eligible to transfer (as eligibility was based on the residence of parents), such a selective process could be exercised. Each regional center would be compared to one out-of-state residential institution and to the center involved in the transfer. At least 25 residents were to be selected as "transfers" to each regional center and to that total 25 more were expected as new admissions from the community during the early part of the study.

As this report will indicate, many features of the design had to be modified in line with factors out of the control of the research team. The most important development was the delay in construction and in subsequent operation of the two new regional centers.

Of necessity, the study turned its focus from longitudinal considerations to ongoing operational practices. For several important reasons this enforced shift in emphasis turned out to be productive and challenging. It was still possible to demonstrate striking differences between residential centers and, more important, to identify many key practices that made for these differences. Had the emphasis remained strictly on longitudinal factors, the attention of the study would have had to remain almost exclusively on the behavior and attitudes of people who would remain "in the picture" during the length of the study (i.e., parents). It is felt that a longitudinal follow-up may still be a valuable adjunct to this study, but our findings seem to indicate that the major factors influencing the development of the retarded children are tied up with daily living experiences. The influence of parental attitudes and the attitudes of center personnel who remain in constant contact with the retarded over a number of years are probably of some significance too. There is doubt now, however, as to whether many of these attitudes are not influenced by "historical" developments in the operation of the particular centers and in the general practices of providing services for the retarded rather than having much influence themselves in establishing these practices or modifying them. At present it would seem that the most important reason for a follow-up study, which would provide the longitudinal data we had hoped for, would be in assessing the subsequent development of the retarded children in this study.

In the study involving the two new centers, the *original* format of the investigation was as follows:[*]

Differences between residential centers

Design (Part I)

1. The amount of parental contact with the child.
   This data will be gathered from the institution's records.
   A. Number of contacts per year *at* the institution.
   B. Number of hours the child spends at home.
2. The amount and type of personal involvement that institutional personnel attempt with the resident.

This data will be gathered by making 372 one-minute observations of each resident in the study population. The observations will sample each half hour of his waking day for a week's activities (3 one-minute observational periods during each half hour). Four observers, two male and two female will visit the three institutions involved in comparison number 1 and another four will visit the three institutions involved in comparison number 2. The observers will remain at each institution approximately 15 weeks. There will be an initial two week period during which time they will not collect data but will follow the same procedure they will use when they are collecting data. This two week "extinction" period will help to lessen the impact of their presence on the institutional personnel and residents.

During the one minute observational period the following data will be recorded.

(a) Is an attempt being made to interact with the resident on one-to-one basis?

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[*] Quoted from the original grant proposal made in 1965

(b) Is an attempt being made to interact with the resident as a member of a group?

(c) Is an attempt being made to teach the resident skills or functions other than self-care routines, such as, academic, vocational or recreational skills?

(d) Is an attempt being made to teach the resident self-care skills?

(e) Does a staff member make a special effort (goes beyond his role and task requirements) to make a warm gesture toward the resident, as when he gives the resident a hug or his actions clearly indicated a warm, friendly *personal* interest in the resident?

(f) Does a staff member show hostile, punitive behavior to the resident such as physical aggression, deliberate isolation or verbal abuse?

3. Instances of personal involvement (as in 2a or 3b) that the child has with his peers. This data will be gathered during the observational periods.

4. Instances of distressed behavior such as crying, whining or temper tantrums on the part of the residents. This data will be gathered during the observational periods.

5. The ratio of institutional personnel to residents.
   a. The over-all ratio of the institution.
   This data will be gathered from the institution's records.
   b. The ratio of institutional personnel to residents during each half hour of the child's waking day. Staff members will be counted for this ratio only if it is physically possible for the resident to interact with them.
   This data will be gathered by the observers.

6. The expectations of institutional personnel who come into contact with the resident for the resident's future improvement, in a number of areas (social, vocational, self-care, etc.). This data will be collected by administering a check-list to staff members. Five staff members will assess each resident in the study as he is now and as they expect him to be in 5 years and at age 30.

7. The expectations of the parents for their child's improvement in the same areas of functioning. This data will be collected by having the parents fill out the same check-list used for the institution's personnel.

8. Data on cost per resident, physical plant, personnel turnover, ratio of professionals, etc. will be gathered from the institution's records.

(*b*) Design Continued (Part II)

Progress of Residents

In order to determine whether the residents at the different types of residential centers progress at a differential rate, they will be measured at yearly intervals, for two years, on a number of factors.

1. Social behavior — as measured by the Vineland Social Maturity Scale and modifidcation oftheT.M.R. Performance Profile for the Severely and Moderately Retarded.
2. Mental age — as measured by the Kuhlman-Anderson modification of the Stanford-Binet.
3. Self-care skills — as measured by a modification of the T.M.R. Performance Profile for the Severely and Moderately Retarded.
4. Independent Behavior (Innerdirectedness) — as measured by a technique developed by Mr. James Turnure (Turnure and Zigler, 1964, Journal of Abnormal and Social Psychology, in press).
5. Number and verbal skill functioning as measured by a modification of the T.M.R. Performance Profile.
6. It will also be determined, from the institution's records, the number of residents in the study group who were returned to the community (to their homes, foster homes, etc.).

(*b*) Design Continued (Part III)

The completion of the third part of this study is contingent upon the results of the first two. That is, if significant differences are found between regional centers and non-regional centers and if significant differences are found in the progress of the residents of the two types of institutions, then an attempt will be made to associate specific differences in institutions with specific differences in progress.

(*c*) ANALYSIS

In order to determine whether regional centers differ from non-regional centers, significance tests (t-tests or chi-square) will be run for all of the factors that have been listed under "independent variables." An example of the type of analysis which will be made follows:

Parental contact at institutions

1. Proportion of children who have been visited by parents at least once during a 12 month period.
2. Proportion of children who have been visited at least 5 times during a 12 month period.
3. Proportion of children who have been visited at least 10 times during a 12 month period.
4. Proportion of children who have been visited at least 20 times during a 12 month period.

5. Mean number of parental contact per child within a 12 month period.

In order to determine whether the residents at the different types of institutions show different amounts of progress, significance tests will be run for all of the factors that have been listed under "Progress of Residents." An example of the type of analysis which will be made follows:

Social behavior as measured by the Vineland Social Maturity Scale.

1. Proportion of residents whose social age stayed the same or decreased during a 12 month period.
2. Proportion of residents whose social age increased at least one month during a 12 month period.
3. Proportion of residents whose social age increased at least three months during a 12 month period.
4. Proportion of residents whose social age increased at least five months during a 12 month period.
5. Proportion of residents whose social age increased ten or more months during a 12 month period.
6. Mean increase per child in social age over a 12 month period.

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FIELD RESEARCH IN ACTION: A BRIEF RECAPITULATION

The previous chapter by Dr. David D. Komisar details the conception of this research. As we have seen, the plan was a rigorously experimental one: retardates would be selected at random, matched with other groups, and then transferred to new facilities. From the scientific point of view such an approach would approximate the most desirable research designs.

Reality considerations, however, frequently wreak havoc with good research intentions. It is my aim to let the reader gain some insight as to how this research project was finally carried out and how its design changed during the course of time.

Because of the announced plans of the State Department of Health to build, staff, and begin to operate two new facilities for the retarded by September 1965, a research staff was hurriedly assembled. It was our intent to complete both observations and pretesting by the end of the summer. Special arrangements were made to commence grant payments in April rather than, as is customary, in July. By the end of June, our research crew was fully assembled. In the meantime, however, the building program of the State of Connecticut was influenced by several factors: a variety of strikes among members of the building trades delayed construction, a number of state government-related budget difficulties created delays in staffing, at the same time parents clamored for admissions of a considerable number of profoundly retarded children. It became evident that: a) the opening of the new facilities would be substantially delayed, and b) it would be exceedingly difficult to exert sufficient control over admission and transfer policies to adhere to the original research design as stated in the grant proposal.

The following decisions were therefore made: the research would abandon the longitudinal follow-up feature and would focus on concurrent comparisons of institutions; it would focus on detailed process analyses rather than an outcome studies. To that end, all process instruments had to be sharpened and revised, and additional institutional comparisons had to be instituted. A retrospective study had to serve as the basis for conclusions based on outcome research.

The research was, therefore, completely redesigned with the new condition in mind. The current report is the result of the revised procedure. It is necessary to add that throughout the study attempts were made to recapture some of the flavor of the original proposal. However, one of the new facilities commenced operations with a one year delay and the other with two years' delay. Nevertheless, we still attempted to transfer experimental populations to these facilities. In neither case were we successful in effecting the transfer of more than a handful of retardates. In one instance, the main resistance derived from the potential receiving institution which insisted on controlling their intake, and, in the other, administrative difficulties centered around the sending institution, which felt that its program was more beneficial to the residents than the new facility.

We concluded somewhat wistfully that large-scale population research, which includes the manipulation of significant independent variables, cannot be undertaken by anyone who does not also have complete power of enforcement and that, even then, external factors (e.g. strikes, budgets, elections, etc.) are likely to impinge on research designs.

Our own research plan, as it finally evolved, depended only on passive, rather than active, cooperation. That is, we asked permission to conduct observations, tests, etc., but we did not ask any administrator to perform any actions for us. This approach proved workable.

In order to insure even this passive cooperation we had to allay considerable anxieties with the administrators with whom we dealt. The anonymity of the institutions was, of course, assured; considerable pain was taken to assure that our work was research rather than evaluation and that no "confidential reports" would be submitted to superiors without knowledge of subordinates, etc. In spite of all these precautions, we encountered considerable resistance among various administrative levels of the institutions. Frequently, administrators appreciated the assurance that their superiors would not be advised of the specifics of the research, but asked that they themselves would be informed of the activities of their own employees. Considerable energy was devoted in each institution to allaying these problems which arise out of a general climate of distrust in the institutions.

The final research design involved six residential institutions for the retarded and represented three different states from the Northeastern section of the United States. The research population was divided into two separate sections, each section consisting of matched triads of retardates. It permitted a retrospective comparison in one section. We believe that, considering the substantial difficulties encountered, a considerable amount of data and conclusions have been produced. It is still our hope that at some future date longitudinal follow up studies of mentally retarded persons will yield even closer results as to the effectiveness of institutions.

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A STUDY OF INSTITUTIONS

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During the past decade there has been an increasing emphasis on the desirability of keeping mentally retarded children at home. Many studies and summaries have been published which suggest that the home environment is of greater benefit than the institution (Butterfield, 1967). While these results may prompt a strong effort to retain as many retardates as possible in the community, they are not helpful in illuminating the difficulties, advantages, and possible remedies of those persons who are and who will have to be placed in residential centers. Currently, close to 200,000 retarded individuals are in residence in institutions; of these retardates 82 percent are functioning below the educable or mild level of intelligence. There is a clear and pressing need to study and assess those variables which might enhance or retard the development of such a large group of seriously handicapped individuals.

Previous institutional studies have dealt almost exclusively with populations residing in a single facility from which generalizations pertaining to institutionalized retardates are then drawn, the obvious assumption being that one institution for the retarded is representative of all such facilities. It appears, however, that while most residential facilities for the mentally retarded have some basic similarities, there are also many differences which affect the care, development, treatment, and growth of its residents. Institutions for the residential care of retardates are very complex systems which differ in philosophy, goals, physical layout, size, and professional expertise of the staff, as well as in basic attitudes toward child care. In this respect, they are as dissimilar as other organizational systems, whether in the field of education, business or government. Thus, for example, state colleges within a state will differ from each other in their philosophy, academic emphasis, admission requirements, reputation, etc., while retaining some basic formal similarities, e.g., salary scales, campus maintenance, and other services. School systems, or even individual public schools, will acquire some very special characteristics depending on the areas they serve, the teachers they attract, and the key administrative personnel in decision making positions.

Institutions for the retarded can thus be seen as individual systems, whose organic functional structure will produce differential effects on the growth, development, and self-sufficiency of the persons in residence. This report is based on the preliminary findings of a research project designed to investigate the differential properties of institutional systems for the retarded.

As a first attempt in this direction it suffers necessarily from a series of limitations. The most obvious problem is reflected in capturing a living, functioning organism through static description — a process not much different from obtaining a still photograph of a moving object. The institutions described are in a constant state of flux — their personnel are changed and their programs are modified. Our work, therefore, reflects merely a moment in time of the facilities studied. Our intention was not to evaluate a given institution, but, in broad terms:

1. To demonstrate that institutions are different from each other.
2. To show that these differences are directly responsible for differential functioning among the residents.
3. To identify the reason for the differences.
4. To recommend changes in institutional management, which will lead to the maximal realization of the development and functional potential of the institutional residents.

At the present time, there seems to be a general disagreement about the very essence and purpose of institutions for the retarded. Thus, for example, five of the six facilities investigated in this project had the official designation of "School" in their descriptive titles. Does this official designation mean that the facilities are primarily educational in nature? If so, how congruent is this self-image with the fact that only five to ten percent of the budgets of the institutions studied are designated for the purposes of "training and education"? Is perhaps the designation of "hospital" more appropriate to the institutional self-image (Bramwell, 1966)? If so, it is rather difficult to understand the extreme scarcity of nurses, licensed physicians, and board diplomates in medical specialties on the staffs of the facilities observed. If, on the other hand, recreation and vocational rehabilitation are the primary goals of the residential agency, then the scarcity of workshops, trained rehabilitation counselors, and fully-educated recreation personnel are difficult to comprehend.

This lack of uniform purpose in institutional goals was clearly in evidence in our sample. Thus, for example, two of our facilities were established only two years apart. One of these facilities was specifically designed to resemble home environment as much as possible and adopted a cottage layout for its architectural model, whereas the other was apparently designed for efficient custodial care with minimal interpersonal relationships in mind. Another pair of facilities, constructed only five years apart, reflects radically different attitudes for segregation by sex: in one case, there are two completely independent "villages" with independent staffs, dining halls, recreation facilities, etc., while in the other institution, male and female children past puberty reside in separate dormitories, yet share recreational and dining facilities and have a common staff.

The more detailed our descriptions became, the more different the facilities appeared. The closer we observed the ward routine, the greater the individual quality of the ward experience became evident. The more involved we became in the institutional management, the more untenable became the assumed generality of the institutional experience. The most surprising effect, however, was the assumption of most of the administrative and professional staff that things "had to be this way" because of circumstances.

The Institutional System

The institutional system emerged as an enormously complex, closed organization which operated under certain political pressures. These outside pressures are primarily centered around parental demands (for admission or special consideration) and fiscal economies based on local tax conditions.

Unlike a private enterprise system, there is absolutely no measurement of success or failure of the institutional organization. No financial profit and loss sheet reflects the relative merits of a given administration, nor is there a built-in system of self-evaluation, such as that afforded by grade-specific achievement tests to public school systems. The institutional administration is evaluated merely by its general reputation within the state, and by the fleeting impressions gained by visitors through observation or contact with staff members. This lack of any objective evaluatory method is fraught with obvious and severe limitations. Our own project staff had occasion to observe the frailty of such impressions. One of our sample agencies "enjoyed" a reputation of severely neglecting its residents: the superintendent was uniformly disliked and distrusted, and struck us as barely competent on personal contact; the buildings were almost all old, poorly ventilated and in urgent need of painting and repair. In spite of all these limitations the retarded children were assessed as looking more self-sufficient, happier, and as enjoying a higher level of verbal functioning than those in another, better equipped, more congenially administered, and more expensively run institution.

It was our intent to investigate as objectively as possible the differential variables leading to better adjustment among institutionalized retardates. To this end, our first task was to devise suitable measurement techniques which would tap crucial aspects of behavioral aspects in parents and aides.

Basic Methodological Considerations

Our basic approach involved the hypothetical case of admitting the same child to different institutions. Such an experiment is quite feasible in physical science, but of course impossible under naturalistic behavioral science conditions. We therefore attempted to replicate this ideal condition by matching mentally retarded individuals as closely as possible on as many variables as practicable. Our assumption was that such matched groups of retardates would enable us to compare their experiences under individual institutional conditions.

MATCHING DATA ON SUBJECTS IN SIX INSTITUTIONS FOR THE RETARDED

		SERIES I			SERIES II		
INSTITUTION		**A**	**B**	**C**	**D**	**E**	**F**
MA	**MEAN**	3.12	2.92	3.19	1.77	1.75	2.02
	SD	1.62	1.84	1.33	1.04	1.04	1.24
IQ	**MEAN**	28.88	27.15	29.31	21.10	23.10	23.48
	SD	14.00	10.48	7.96	8.79	8.85	8.55
AGE AT ADMISSION	**MEAN**	6.41	6.64	6.25	7.05	6.90	6.11
	SD	2.14	2.03	1.66	3.19	3.17	2.97
CA	**MEAN**	10.96	10.52	10.52	15.48	15.40	15.48
	SD	1.88	1.99	2.22	3.91	3.84	3.83

TABLE 1

For a number of administrative reasons, we divided our sample into two groups. Series I consisted of a matched sample of 17 children in each of three institutions, and Series II of 44 children in each of three other facilities. Series I was matched on the basis of current information and Series II on the basis of five year old data. It was our hope to gain thereby a retrospective measure of behavior. Thus, for example, we would be able to discern whether differential growth in M.A. could be attributed to the institutional experience.

All matching was performed on a purely actuarial basis. Our workers perused institutional records and did not actually see the children selected for our study until much later. The data upon which our sample was based thus emanated directly from the diagnostic work performed by the institutional staffs. Every precaution was taken to keep our workers from bias and prejudice.

Measuring Institutional Experience of Residents

In typical clinical situations it is customary to gather information through verbal responses of subjects. Individuals who are incapable or limited in their verbal abilities must, however, be subjected to other kinds of data gathering. Such data became available through observational methods. It was decided to observe our subjects systematically on a time-sample basis, a unit of two minutes constituting one "time-sample."

We were interested, however, not in mere behavioral description of the subjects but, also, in the impinging stimuli of the institutional environment. We wanted to observe the detailed interpersonal responses of each subject as related to events in his environment. To that effect we constructed an observation schedule consisting of subject variables and of environmental variables. Included in our observations were: (a) the behavior of the child and (b) the behavior of the individual interacting with the child. When observing the child's behavior we recorded self-directed behavior (crying, rocking, finger posturing, other stereotypies, inactivity, etc.); among outer-directed behavior we included such items as smiling, laughing, dancing, destructive and aggressive acts, playing with people and objects, talking, listening, watching, and other items.

The "other person," the individual who interacts with our sample case, was described as being an attendant, and working patient (trainee), another retarded ward resident, or any non-retarded adult other than an aide. We recorded whether he responded to a demand on the child's part or whether he initiated the interaction. We then went on to describe the interaction (taking care of the child's physical need, conversing with or punishing the child, playing with the child, showing physical affection, etc.).

Four research assistants, two men and two women, were employed in all the observations. This staff was composed of recent college graduates in psychology and education, but without background and experience in research or in the field of mental retardation. Their lack of preparation in scientific areas was more than compensated by their freedom from established attitudes to mental retardation and total naivete with respect to our hypotheses.

The research assistants underwent an intensive training program (eight weeks) in the use of the observation scale, which was terminated after the inter-rater reliability of .85 or better. The fact that this highly satisfactory level could be achieved after only two months of training suggests that observational assessment of the behavior of mentally retarded individuals is both feasible and practical.

While it is highly desirable to learn about the general behavior of institutional retardates, such information is insufficient in yielding the data necessary for the evaluation of adjustment.

Over the past years, a number of experimental procedures have been developed and perfected under laboratory conditions. These techniques have yielded reliable results in special situations, but have not been attempted in "field conditions." Thus, for example, rocking behavior among the severely retarded has been described as dependent on external events (Klaber & Butterfield, in press). Such behavior can be measured with relative ease and can be used to assess the flow of external events (i.e. ward activities) readily. We decided to use this method to describe some of the inter-institutional differences.

Social deprivation measures have rarely been used to measure inter-institutional differences. Butterfield and Zigler (1966), however, have demonstrated that two institutions for the retarded within the same state-stysem may act in distinctly different ways upon mildly retarded children, one institution apparently satisfying the social needs of its residents much better than the other. Through extending social reinforcement techniques to tasks relevant to more severely retarded children and adults, we were able to asesss the social reinforcement value of other institutions. Our findings are particularly interesting because of the behavioral measures of aide behavior which we collected, and, which would presumably be among the primary social reinforcement agents.

Experimental evidence obtained under laboratory conditions is, therefore, also useful in this endeavor. To this end, we have adopted a special technique and demonstrated its usefulness in inter-institutional comparisons (Klaber, Butterfield & Gould. in press).

Child behavior was, of course, also assessed using the traditional rating scales and psychometric tests. These measures are especially useful as guideposts of functional levels along more conventional lines.

Our three approaches to the assessment of behavior of the institutional retardate can be summarized as follows:

1. Detailed behavior observations.
2. Laboratory techniques adapted to the life-space of the retardate, and to inter-institutional comparisons.
3. Psychometric tests and rating scales.

We believe that this three-pronged approach yields a substantial fund of data about the "output" of the institutional system, or the "product" of the organization, if we describe the agencies in question along business lines. As yet we have said little about the system itself, its workers, (i.e. aides), managers (professional staff and administration), and the consumers (the parents).

While a substantial number of studies dealing with the expressed attitudes of institutional aides is available in the literature, (Butterfield, 1967) only one has been concerned with direct observation of aide behavior (Thormahlen, 1965). Thus, we have substantial data on how aides express themselves on paper and pencil inventories, but only scant information on their actual behavior. The evidence we *do* have suggested that the relationship between these two assessment methods is rather scant.

In order to overcome the inherent rigidity of a pre-formulated inventory, we supplemented our evaluation with a Sentence Completion Test. Such a projective device requires the respondent to supply his own answer and thus overcomes the social desirability effect which tends to be more powerful in conventional inventories. Rigorous scoring specifications permitted us to achieve 80 percent or better agreement between two raters. This instrument was used with parents and with aides. We also administered a revised version of the Parent Attitude Research Instrument to these groups in the hope of using the projective and the objective instruments jointly.

The Institutions and the Matching Process

We used six state-supported institutions for the retarded. Three of these facilities were in one state, two in another, and one in yet a third state. By matching every child with two other children, we are, in theory at least, studying the same child in three separate settings. The matching itself was performed on a purely actuarial basis, from records supplied by the institutions. We attempted to match the following variables as closely as possible: age, age-at-admission, sex, race, IQ and MA. We eliminated from our study children diagnosed as mentally ill and persons with disabling sensory handicaps (hearing and vision, Table 1). We also attempted to match gross diagnostic categories, and thus always matched mongoloids with other Down's Syndrome cases, seizure patients with other epileptics, etc. A close match of parental socio-economic status proved to be too time-consuming and of questionable realiability. A sample of 20 parent-pairs, however, clearly demonstrated the comparability of the matched groups. We feel that our groups constitute a representative random sample of parental backgrounds.

The first series of matched triads consisted of 51 children, 17 in each of three institutions, A, B, and C.

Institution A is a medium-sized facility whose administrative organization represents three separate and distinct areas of service: a boys village, a girls village, and a compound for the severely retarded. The institution was originally designed to serve primarily the needs of the mildly retarded and efforts were made to simulate home environs through relatively small units and "house parents." As the institutional needs changed, and younger and more severely retarded children were admitted, larger buildings were erected and greater emphasis on nursing-type care was provided. The official philosophy, however, still emphasizes the ideal of small units, educational approaches and an atmosphere of homelike care.

Institution B is a large facility with a population of over 4,000. It is divided into two strictly separated administative units: male and female. These segments are substantially autonomous with respect to child care procedures and are geographically distinct. It was apparently felt by the founders of the facility that their population will consist of ambulatory, reasonably self-sufficient individuals, whose major needs are shelter and food. Large dormitories and centrally located eating facilities suggest as much. The relatively new influx of more severely retarded, younger and less self-sufficient residents prompted a building program stressing full-service edifices. These buildings are designed to meet all the needs of its residents, including food-services and a variety of therapies. The philosophy is essentially medical, and stresses physical habilitation.

Institution C is also a large facility whose apparent original design stressed efficiency and low-cost services for severely handicapped individuals. The buildings are very large, and several of them have more than one story; space is primarily designed for the placement of beds. Recreational facilities were minimized, as were all aspects of education and recreation. This institution was the only one in our survey which did not have at least minimal playgrounds for each building. The institution is not broken down into separate units and is administered centrally.

The second series consisted of 132 children in Institutions D, E, and F, 44 children in each institution.

Institution D is a medium-sized facility whose original plant was composed almost entirely of multi-storied buildings. It apparently also reflected the philosophy that ambulatory, self-sufficient individuals would reside there. There was a total segregation of sexes, but, more recently, administrative changes have permitted personnel and residents to move from one dormitory to another, depending on need. Newer buildings are designed for full service and include day rooms and dining halls. Educational activities are carried out in a relatively new school building located on the periphery of the grounds.

Institution E is one of a series of new retardation facilities of the state-program. Located in older buildings, originally designed to serve chronically ill children and adults, the physical plant, despite renovations, is not indicative of the philosophy of care of the facility. The number of residents is very small (less than 300), with a heavy emphasis on supplying the needs of the retardates through outside community resources. Schooling, medical care, etc. are provided by town or private resources. The per capita expenditure for residents in Institution E was more than double the average of the other institutions in our sample. Volunteers, a variety of specialists, and other personnel abound, thus creating a most favorable caretaker-to-retardate ratio.

Institution F is a medium-sized facility with close to 2,000 residents. It had the most neglected physical plant of all institutions studied, with old, multi-storied buildings and unpaved roads. The original philosophy probably was essentially similar to that of Institution D, but a much older school building testifies to a much earlier interest in educational activities. Many of the old buildings have been modified to include school or education rooms. The institution is centrally administered without a sharp division between male and female services.

Residents of Institution A were matched with Institutions B and C, but a unique opportunity presented itself in Institution E. A number of its residents had been transferred five years earlier from Institution D for purely administrative reasons. It was possible to match these persons retroactively on measurements obtained at D with youngsters who had remained at D. This procedure of retroactive matching was also carried out at E. The second group of matched children represents, therefore, an attempt to obtain longitudinal measures, albeit on a retrospective basis.

Results

The first task we had set for ourselves was to determine whether the institutional experience differs among the matched triads. Are residents in one institution better off than in another, or does it really make little difference where a person is institutionalized? Do they all function at similar levels of self-sufficiency, or does their ability to care for their needs differ from facility to facility? In short, we attempted to determine whether the differences in the physical plants and apparent philosophies of the institutions had any effect on their charges.

Perhaps one of the most vital aims of institutional management is the development of greater self-sufficiency among its severely retarded residents. The published purpose of the so-called training programs in institutions stress the fostering of greater independence among their charges. The ability to care for one's own needs, to dress, feed, and toilet oneself, to communicate and make one's needs known are surely among the most important aspects of caretaking.

In order to assess these vital aspects of behavior we constructed a special scale tapping the above-mentioned areas. This instrument was more detailed at the more dependent end of the scale than the Vineland Social Maturity Scale and simpler than the Cain-Levine Social Competency Scale. It consisted simply of nine areas of self-sufficiency arranged in order of ascending independence (e.g. drinks from bottle; is spoon fed; feeds self with spoon, but is very messy; feeds self with spoon neatly; feeds self with fork; feeds self independently, but has meat cut; uses knife for cutting and spreading). We are not interested in what the child can do under ideal circumstances, but what he actually *does* under the daily living conditions of institutional life.

Because such simple description requires mere observation, we obtained extremely high inter-rater reliability. Our own workers

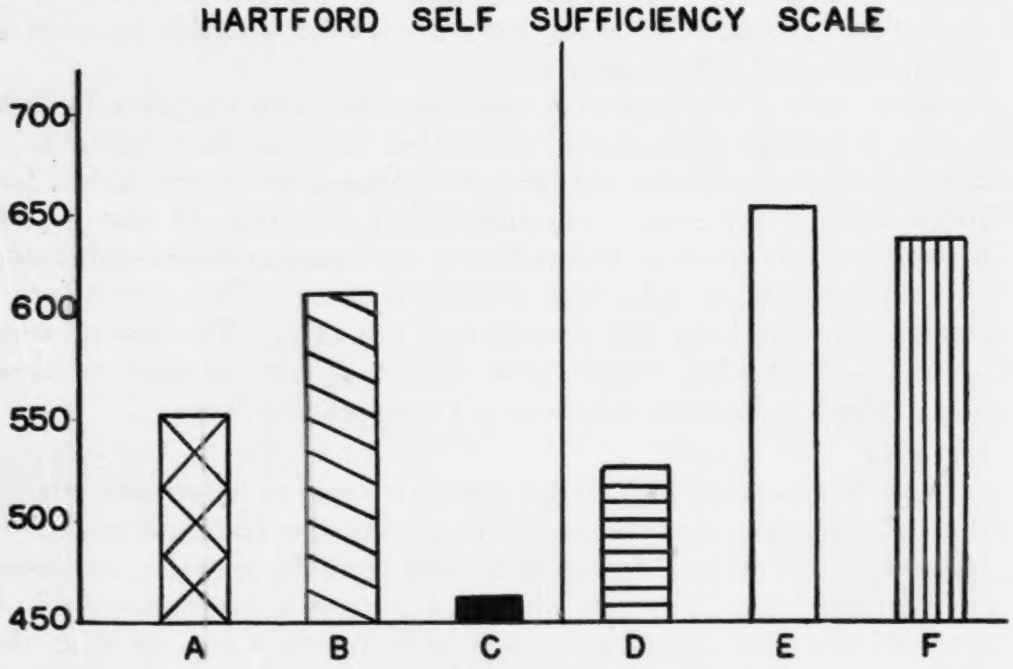

Figure 1

achieved a correlation of .98, while attendants achieved .94. Averaged scores of two attendants and two of our observers achieved a product moment correlation of .91. This highly reliable instrument was used on the basis of the reports of two attendants in the institutions.

Since the children were watched according to measured intellectual ability, differences in self-sufficiency must, of necessity, reflect the effects of institutional programming. Figure 1 presents graphically the results of a comparison of self-sufficiency between the institutions.

It is clear that in both Series I and II one institution produces much less self-sufficient children than the other two. In Institution C and Institution D, the residents do less for themselves in such areas as feeding themselves, toileting and dressing themselves, etc.

It may be argued, however, that these residents do less by themselves because they are being properly cared for. The overriding question then remains whether children in various institutions experience similar degrees of happiness. We attempted to assess the elusive quality of "happiness" or "adjustment" in behavioral terms. By sampling the behavior of mentally retarded individuals over substantial periods of time and throughout their waking day, it was possible to record their responses reliably. Certain behavior patterns are likely to reflect good adjustment (e.g., smiling, playing with toys, talking and interacting with others, etc.) while others are clearly symptoms of poor adjustment (e.g., autistic behavior, aggression, withdrawal, etc.). It was possible in this manner to construct an objective and reliable assessment of behavior indices of adjustment and apply them to our matched triads.

We developed an adjustment index based on our observation. This involved arithmetically summing the incidence of clearly adjustive behavior (talking, playing, laughing, etc.) and clearly maladaptive behavior (aggression, autism, stereotypy, total withdrawal etc.). Thus, by assigning positive scores to the former. and negative scores to the latter, the predominance of adjustive over maladjustive behavior (or vice versa) can thus be readily ascertained. These data were obtained from almost 10,000 independent time samples, and are therefore highly representative of behavioral observations which the layman would term happiness.

Figure 2 clearly demonstrates that institutions differ in the state of adjustment ("happiness") they confer upon their charges. In Series I Institution C is predominantly an unhappy one while in Series II Institution D bears this distinction. The reader will

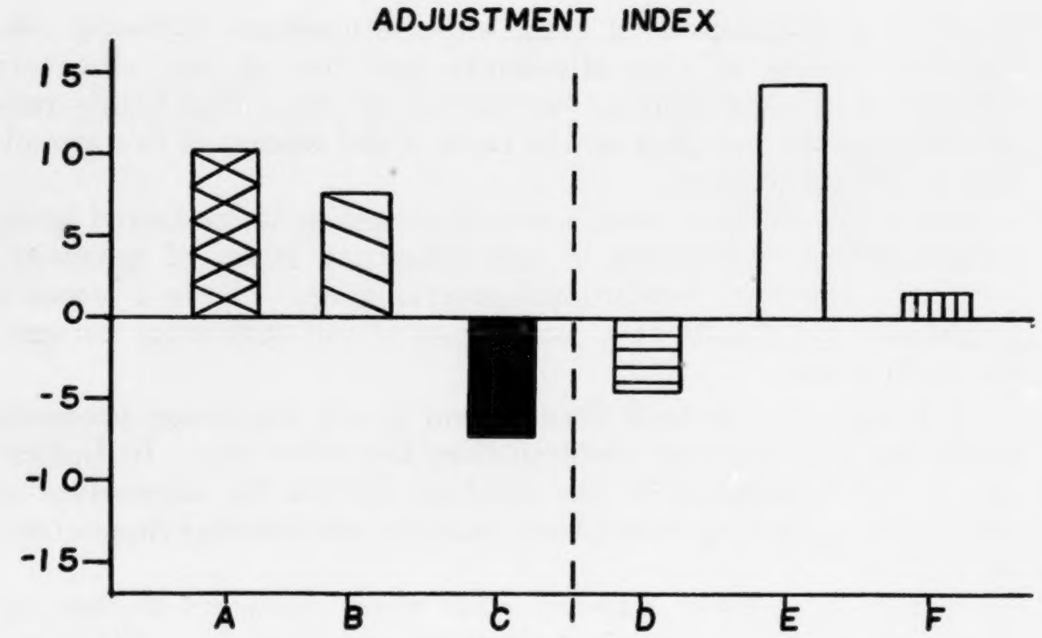

Figure 2

recall that the very same facilities showed the lowest degree of self-sufficiency among its charges. The ability of retarded children to care for their own needs is therefore directly related to the happiness manifested by them.

A third measure of institutional effectiveness is intellectual development. Since our sample was matched for IQ we could not demonstrate such differences on a cross-sectional basis for Series I, although Series II yielded data which could retrospectively be evaluated on a longitudinal basis. The matching data were based on tests administered by the institutional staffs to the cohorts six years or more in the past. It was possible to re-examine the children for the purposes of our research. These examinations were undertaken by the institutional staff at E, and by totally naive psychologists at D and E. The results of this assessment are summarized in Table 2.

It may be seen from Table 2 that Institution D manifests the greatest relative decline in IQ because of a failure to show any mental growth in the children; Institution E, however, shows a substantial increase in Mental Age (by as much as one-third from the original baseline), whereas Institution F shows a moderate increment in MA, and consequently a moderate decline in IQ.

By relating the data on happiness, self-sufficiency and intellectual growth to each other we can discern a perfect correspondence of these three variables. Institutions in which retarded children are happy are also conducive to intellectual growth and increase the independence of their residents.

CHANGES IN IQ AND MA OVER SIX YEARS

	Institution D				Institution E				Institution F			
	IQ		MA		IQ		MA		IQ		MA	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
1960 or before	21.1	8.8	1.77	1.04	22.8	8.6	1.75	1.04	23.5	8.6	2.02	1.24
1966	10.8	8.7	1.75	1.22	16.6	11.3	2.33	1.58	16.2	10.3	2.35	1.54
Percent Change	−49%		−1%		−27%		+33%		−31%		+16%	

TABLE 2

The Effective Institution

An institution in which children are happy and self-sufficient, show intellectual growth, manifest minimal stereotypy (such as rocking), and manifest no excessive need for social reinforcement can be described as being an *effective institution.* A facility in which most of these factors are present to a small degree is *ineffective* in terms of its therapeutic milieu.

In our sample of six state institutions, Institutions C and D are ineffective institutions. These two agencies stand out in the consistent low rank they obtained on all measures. These completely independently gathered assessments are so consistent as to allay any doubts about the validity of this conclusion. Institution E emerges as clearly effective, while F appears to be moderately effective.

Establishing the effectiveness of an institution is an important step in and of itself. It may have vital bearing on the question of institutionalizing a mentally retarded child (Klaber, in press). Yet, such a designation merely enables us to label a facility — not to explain the variables and causes which make for effectiveness.

It is reasonable to assume that effectiveness is dependent upon many variables: per capita cost and physical plant, as well as the behavior of the professional and ward personnel. We were unable to investigate all these factors fully. We have, instead, concentrated on the human element, especially the ward personnel.

Aides and Their Charges

Since it is likely that the behavior of those persons who come in contact with the children will be most influential in modifying child behavior, we observed this behavior on the part of the attendants as they interacted with our matched triads of retardates.

Thus, for example, we recorded the percentage of incidents in which we observed conversations between aide and child; we recorded the percentage of observed incidents when one of "our children" was ministered to physically, etc. Table 3 shows some of the results obtained from three institutions. It clearly emerges from this table that our children received greater attention from aides in Institution E, than either Institution D or F. They had more conversations with aides, they received more physical care, and received responses to their demands more frequently. As we have already seen in Institution D, unhappy behavior predominates over happy behavior, intellectual growth is slower than in other facilities, and the residents do not act as independently as in the other two agencies. The strong relationship between the actions of the attendants and the capabilities of the children is thus self-evident. Moreover, the evidence of the social deprivation experiment is also fully consistent with the same variables.

The Retarded and His Interpersonal Environment

We do not mean to imply that the retardate in an institution receives all of his interpersonal stimulation from attendants. Quite to the contrary, by far most of his experiences are with other retardates and with older less handicapped persons called "working patients," "working boys," "trainees," etc. A surprisingly large number of interactions comes from other, non-retarded persons on the ward. These individuals are volunteers, professionals (e.g., physical therapists), and individuals employed specifically to interact with children.

	Institution D	*Institution E*	*Institution F*
Shows physical affection	.44	.80	.37
Converses with individual child	2.20	4.36	1.96
Takes care of physical need	2.85	4.24	2.50
Responds to child	1.93	2.72	1.39

Table 3

Table 3 delineates the sources of interpersonal contacts of the children in our sample. In five out of six institutions peer contacts, i.e., other ward residents of similar degrees of retardation, constitute the most prevalent source of interpersonal relations. Significantly, however, in Institution E, our most effective facility, this is not the case: attendants and other non-retarded adults interact as frequently with the residents, as the residents interact with each other. It will be recalled that Institution E is our most

SOURCES OF INTERPERSONAL CONTACTS

(PER CENT)	SERIES I			SERIES II		
SOURCES OF INTERPERSONAL CONTACTS	A	B	C	D	E	F
AIDES	21.987	11.348	23.687	25.854	30.768	23.420
TRAINEES	2.146	7.901	3.029	10.813	3.227	7.682
PEERS	63.411	60.941	67.419	48.902	31.659	57.045
NON-RETARDED ADULTS	12.456	19.809	5.865	14.430	34.345	11.852

TABLE 4

effective facility in which the children were observed to be happiest. The often heard statement to the effect that "retarded children are happiest among their own kind" has, therefore, no basis in fact.

Another finding (which we regarded as rather surprising) derived from Table 4 was the significant contribution of non-attendant personnel. In the institutions which we observed the contribution of these persons appeared to be much greater than we had anticipated. This observation led us to compute the expected rate of interpersonal interaction of this personnel and compare it with the observed rates. We may assume, for example, that if three attendants and one volunteer are present in a ward, the volunteer's contribution is 25 percent of the total observed interpersonal interactions. A quick glance at Table 5 will dispel this notion rapidly: most non-attendant personnel interact much more with the residents than had been expected on a purely statistical basis.

EXPECTED VS. ACTUAL INTERPERSONAL CONTACTS OF NON-ATTENDANT PERSONNEL

INSTITUTION	A	B	C	D	E	F
EXPECTED	.23	.51	.12	.36	.83	.37
ACTUAL	.57	1.75	.25	.56	1.12	.51

TABLE 5

We believe that this finding has highly potential significance, demonstrating the need for specialized personnel, free of housekeeping and administrative duties, whose job is the human relationship between child and adult. Our data also suggest that reliance on "working patients" or "trainees" is inadequate and, on the whole, not satisfactory. Our data would suggest, therefore, that programs using such older and more capable retardates are probably of limited utility.

Most interactions involve other retardates both of positive (e.g., playing) or natative (aggressive) nature. There are, of course, further interactions with the working patients. The crucial determinant, however, is the amount of interpersonal stimulation received by aides and other non-retarded adults.

Perhaps one of the most potent indicators of satisfaction we found was the amount of non-nutritive sucking engaged in by the retardates. The incidents of oral self-stimulation (thumb-sucking, licking of objects, strings, rags, dolls, etc.) manifested a perfect rank order correlation with self-sufficiency and adjustment. It appears that this very simple behavior pattern, which is so easily observed, can serve as an excellent indicator of institutional effectiveness.

The Typical Routine

Although there are certain similarities in the observed institutional routines, there are some glaring differences. One example is given here to illustrate this point. All six institutions claim that schooling is available to all those who are eligible (e.i. educable and/or trainable), while the percentage of matched children *actually* attending school varies greatly.

School Attendance

Series I

A		*B*		*C*	
No.	%	No.	%	No.	%
13	76	12	71	3	18

Series II

D		*E*		*F*	
No.	%	No.	%	No.	%
6	14	15	35	12	27

As in all our previous measures, C and D have significantly fewer children attending school programs than the other two facilities in their respective series. Since it is reasonable to assume that teachers interact more with individual children than aides, this fact contributes even further to the social deprivation of the residents. Moreover, it is concluded that a given child may have a far better chance to attend formal school classes in one institution than another.

In the ward the most typical "activity" was simple idleness, i.e., sitting down, or doing absolutely nothing. In both series this factor appeared to be related to the amount of interactions available with aides and the other adults.

Inactivity (percent of observations)

Series I			Series II		
A	B	C	D	E	F
33.16	27.94	49.74	44.40	26.70	36.20

It is clear that the residents of E are much less inactive than the matched residents of D and F, and those in C have less interest in stimulation (external or internal) than their matches in A and B.

Between roughly one-third and one-half of the time of the severely retarded residents of a typical institution is spent in doing nothing, not even watching television. A substantial amount of time (between 15 and 20 percent) is spent in autistic behavior. It is necessary to mention here that we found no effect of the institutional environment on this behavior pattern. Evidently none of the institutions we have studied have developed effective methods of treating such extreme withdrawal symptoms.

In order to understand the tasks of the aides better we observed them in attendant Instutions C, D, and E while in the ward. We did not observe matched residents, only those attendants who

IN-ROOM ACTIVITIES OF AIDES IN THREE INSTITUTIONS

	C	D	E
CHILD CARE (ACTIVE)	28.40	25.40	30.64
TALKS TO CHILD	22.53	23.07	28.59
PLAYS	5.10	1.90	7.57
PUNISHMENT	2.82	5.12	4.38
WARD	11.77	15.00	11.65
SUPERVISION (PASSIVE)	24.71	17.08	15.60
SELF-DIRECTED	11.66	23.75	13.69

TABLE 6

were in the immediate vicinity of the retarded children. We used a time sample method of two minute intervals (two minutes of observation followed by a two minute rest period, in blocks of 30 minutes each). Child care activities include feeding, bathing, etc., while passive supervision indicates that the attendant is merely standing by to see that no harm comes to the children. "Ward routine" refers to physical activities directed to the maintenance of the ward, while "self-oriented" describes activities unrelated to the aides' work-assignment. It can be seen that Institution D's aides are more likely to be idle, watch television or engage in their own hobbies than attendants at either C or E. However, workers at C must spend much more time in supervising residents than personnel at E.

The fact that aides in different institutions are maintaining significantly different work assignments is clear. That each institution has created its own typical work distribution is obvious, although the reasons for this phenomenon are not evident. Curiously, Institution D, which has emerged as the worst facility on all our studies, has maintained the most active in-service training program over the years, while E (our most effective facility) has only recently instituted such a service. The superintendents of all institutions claim to encourage interactions with children and seemingly attempt to do all in their power to implement their ideas. So far we have found little evidence that effective modification of aide behavior results from the administrative measures instituted by the directors of the facilities, or that in-service training changes attendants' interactions with children.

Attitude of Attendants

Attendant behavior is undoubtedly related to the attitudes which they hold with respect to the mentally retarded. Unfortunately, we have been unable to find any studies which compare different institutions, nor are studies available which related attendants' manifest verbalizations to observed behavior, (Butterfield, 1967).

The attitudes which aides express verbally (on tests or in interviews) and the actual behavior of attendants has never been investigated. In evaluating training programs for attendants such an approach seems crucial, for administrators are less interested in producing socially approved verbal responses than in proper or desirable child rearing activities. We attempted to measure verbal attitudes through the use of two instruments: (a) a modification of Shaefer and Bell's PARI (Shaefer & Bell, 1958), and (b) a sentence completion test constructed by our own task force.

The modification of the PARI was a very simple one: we inserted the word "retarded" prior to any mention of child in the test, and substituted "retarded infant" for the word baby. We thus arrived at a new scale we called R-PARI ("R" standing for Retarded). We had hoped to be able to demonstrate the different attitudes of workers in different institutions and perhaps even to correlate these with attendant behavior. Our results, however, were quite disappointing. The relative agreement and disagreement of attendants in Institutions D, E, and F was almost complete. Only one sub-scale, of a total of 23, yielded a difference beyond the .01 level of probability. This sub-scale was entitled "Suppression of Sexuality." It contains such items as "Retarded children who take part in sex play become sex criminals when they grow up." Attendants at D agree much more frequently that suppression of sexual behavior is of importance in caring for retarded children. We wondered whether this attitude was related to the fact that complete segregation of the sexes was the rule at D until recently, whereas E and F were relatively more relaxed in this respect.

In spite of this one interesting difference we were much more impressed by the apparent general homogeneity of attitudes as expressed on the R-PARI. Although the attendants differ markedly in their behavior, they do not verbally express divergent opinions.

In order to maximize the possibility of self-expression by the aides, we constructed a Sentence Completion Task consisting of 25 sentence stems, all relating to mental retardation. The completed sentences were scored according to specific instructions for each sentence. We were able to achieve 87 percent agreement among raters, the remaining 13 percent was resolved by majority score (agreement of two out of three raters). Selected sentence stems relating to certain issues are discussed below.

Difference Between Institutions

Although institutions differ in so many respects from each other, the attitudes of attendants show remakable consistency. The differences which we found were, curiously, unrelated to job performance. We had expected, for example, the morale of the "bad" institution in a sample to be worse than in the other two facilities. Such was not the case. We attempted to measure this factor through responses to the sentence stem "as a rule state institutions for the retarded." By assigning positive or negative values to such reponses it is possible to gauge the attitude of the respondents to state institutions. In this case about one-half of all responses received a positive rating in Institutions D and E (48 and 57 percent respectively)but only eight percent in Institution F felt kindly toward their place of employment and similar agencies. We were so surprised at this result (both the failure to differentiate between "good" Institution E and "bad" Institution D, as well as the extremely low rating of Institution F) that we investigated the relevant literature in industrial areas. We found that a review of studies affecting employee-management relationships concluded that "there is no simple relationship between job satisfaction and job performance" (Vroom, 1964. Our findings are evidently consistant with similar research in other areas.

The only other significant differences between institutions (at the .01 level or less) was in the general feeling of aides toward the retarded. The sentence stem "mentally retarded children are often" was completed in purely negative terms by 71 percent of the attendants in Institution D, by 48 percent of the sides in Institution F, and by a mere 33 percent of the personnel in E. Clearly, the attendants at E perceive retardates less as possessing a multiplicity of bad qualities (such as being hyperactive, difficult to manage, etc.), than personnel in other institutions. We might even say that they like them better.

Commonality of Aides' Attitudes

Most attitudes we measured showed typical response patterns among aides regardless of the Institution which employs them, and regardless of the in-service training they received. Below are some of the highlights of our findings.

Parents

Aides have virtually nothing positive to say about parents of retarded children. They manifest negative attitudes towards "fathers of retarded children," "mothers of retarded children," and, not surprisingly, towards "parents of retarded children."

	Positive	Negative
Parents	13%	87%
Mothers	12%	88%
Fathers	20%	80%

Education

Attendants are clearly in favor of "schooling for the retarded child" and 83 percent favor encouraging this activity. However, when the concept of "schooling" is made more concrete and their attitude towards teachers is tapped, fully two-thirds (66 percent) respond negatively by criticizing the professional educators.

Apparently, it is easier to be for "education "than to like the teachers personally.

Institutional Problems

In order to elicit a critique of institutional practices the sentence stem "the trouble with institutions for the retarded" was used. Responses were scored in terms of administrative and physical difficulties, thus the response "are understaffed" would be an example of the former, while "have poor bathing facilities" would be an example of the latter. Attendants are of the overwhelming opinion that administrative practices are the root of the major problems (76), with only 24 percent indicating physical shortcomings as being particularly vexing.

The Mentally Retarded and the Environment

Mental retardation is viewed on several items in relation to society at large, rather than as an isolated phenomenon (78 percent). The greatest danger to a retarded child is seen in psychological, rather than physical injury (62 percent), and the greatest problem with a retarded child is seen in terms of external forces dealing with the child, rather than as an integral part of his being retarded (67 percent). The aides thus clearly view mental retardation as a social problem.

Professional Personnel

Attendants and ward personnel are not the only people concerned with the welfare of the residents. The professional staff has certainly a major impact on the lives of the retardates residing in an institution. Observational methods are not suited for assessment of these persons, and we had to restrict ourselves to purely descriptive methods in dealing with this group. We surveyed the professional cadres of the institutions, somewhat informally, gathered some information about their qualifications, and interviewed the institutional directors.

Professional Qualifications

It is impossible, of course, to judge the personality, efficiency, and competence of various professionals. We have to rely, therefore, on the standards, rules, and degrees bestowed on such workers by their professional peers. We were impressed by the relative dearth of fully qualified persons in positions which permit their coming in contact with residents.

Medicine

All six of the institutions in the sample offered medical services to the retardates. Five had a medical staff in residence. Only one institution, however, employed physicians holding a specialty diploma from a recognized specialty board in non-administrative full-time positions. This institution employed four such well qualified physicians, all of whom were pediatricians (it must be noted that less than 50 percent of the institution's residents were 16 years or younger). Two facilities employed diplomates in psychiatry and neurology as superintendents, but neither of these people had time for individual treatment.

All institutions claimed to use medical consultants, but it was impossible to determine how frequently they would make use of them. None of the facilities used a board diplomate in Psychiatry in a strictly clinical capacity, i.e., in working directly in the treatment of residents on a sustained basis.

Clinical Psychology

While all six facilities had full-time personnel in psychology, only two had Ph.D.'s on their psychology staffs. Two additional facilities employed psychologists with doctorates in positions other than clinical (one in research and one in administration). A number of Ph.D.'s were used in part-time positions in five institutions for a variety of services, including clinical supervision, in-service training, and research. None of the psychologists were diplomates in clinical psychology or any other psychological specialty.

Social Work

Only one of the six social service departments we visited was directed by a person holding a Master's Degree in the field of social work. All other persons serving in the capacity of "social worker" were either completely untrained college graduates, or people with some, though incomplete, social work education.

Nursing

Our survey of nursing personnel is very incomplete, especially in view of the fact that the administrators did not know the academic background of persons working as nurses on their staff. They were more concerned with meeting minimal state specifications than with outstanding or unusual professional excellence. As far as we could establish, there were no nurses holding Master's Degrees employed in any of the institutions and we guess that the percentage of nursing positions, designed to be staffed by Registered Nurses, were in reality filled by Licensed Practical Nurses.

Education

Comparatively speaking, the professional training of educators was more adequate than any in other professional discipline. All institutions had individuals with Master's Degrees in charge of educational programs. Most of the teachers were licensed to teach in public schools in their respective states, although a relatively large number would not yet qualify for certification in the field of mental retardation in community programs.

Some Reasons for the Personnel Shortage

Almost all administrators queried realized the shortages of their professional staffs, and attributed it to two specific factors: (1) low salaries, and (2) national shortages of personnel. They were united in claiming that properly trained professionals were not attracted to their facilities for these reasons.

An informal survey, however, revealed that the reasons most often given for professional shortages are open to question. It was possible to ascertain that a number of well qualified persons had served in the six institutions but had left them. It appears that the problem of professional personnel is not in failure to attract them, but in failure to retain them in service of the institution.

During the past five years two persons with doctorates in education had left the institutions, five psychologists with doctorates, two social workers with MSW degrees, and one RN with an MA were identified as having "passed through" the employ of the six facilities. We were unable to ascertain any board diplomates among physicians who left the agencies.

We were able to informally interview three of the psychologists, one social worker, the nurse, and one board eligible physician. We also interviewed the superintendents. The interviews suggested strongly that the former employees viewed their reasons for leaving the institutions very differently from their employers. The tenor of complaints of the former employees was best described by one psychologist who said simply "I wasn't appreciated," whereas the typical response of the administrators was the answer "he simply didn't fit in."

Each professional complained that his superior was not acquainted with his own specialty, but insisted that he was qualified to pass on the competence of his job performance. All felt harrassed and required to conform to a general institutional pattern which was poorly designed to meet the needs of professional personnel. They felt that their graduate education had prepared them for independent action, not for conformity.

Among the specific examples the workers gave as particularly upsetting were: opening of official mail addressed to them, lack of cooperation and interest in research activities (this area has been documented by Baumeister, 1967 and Wolfensberger, 1965), lack of professional associates, and, most frequently of all, lack of respect for their professional recommendations. In a way, then, the superintendent who said that they "didn't fit in" was right. The question remains whether it is the institution or the professional worker who should accommodate the other.

The high degree of competence of all the individuals who had left the institutions is attested to by the fact that two of the psychologists and both educators are currently on the faculties of universities and the other professionals hold positions at least comparable to the ones they had left. They were unanimous in stating they did *not* earn substantially more money, but that their work assignments were much more pleasurable.

The Parents

The institutional system can easily be likened to any organization: its input is the newly admitted, retarded children, its output is the development of these youngsters. We have shown that the output varies from facility to facility. We have also shown that the process (i.e., behavior of personnel) is specific for each institution. One area is still unexplored: the consumers of the output.

In theory, all the citizens of the state are the consumers of state services. It is they, or their elective representatives, who decide upon the continuation, expansion, or contraction of the system. In fact, however, the average citizen knows little and cares less about the effectiveness of institutions for the retarded. The real consumers are the parents of the mentally retarded children.

Parents of children in institutions, and those whose youngsters might be admitted to such facilities, are the citizen-consumers of the institutional output. They are the only group of persons outside the system directly concerned with its operation.

It is surprising how little research has been done with groups of parents of institutionalized children. Two recent comprehensive research surveys in retardation fail to mention the word "parent" in their indices. Most of the research has been conducted among those who have retained their children at home, not among those who have placed their offspring in an institution. We felt that our approach to the entire institutional system would be incomplete without the inclusion of the parents in our investigation.

We investigated both expressed attitude and observable behavior among the aides and we intended to use a similar approach with parents. Verbal attitudes were tapped by using the same instruments we used with aids (the R-PARI and our Sentence Completion Task), while the parental behavior we selected for our study was the number of visits they paid to their institutionalized children in the course of a year. We complemented our study by administering the verbal instruments to parents who had retained their children at home.

Parental Visits to Institutionalized Children

When we first approached the area of parental visits to children in institutions we held the strong belief that distance from the parental domicile would be the determining factor of the relative frequency of such behavior. This assumption is widespread and by no means unusual (e.g., Cleland, 1963) and certainly logical.

Our method in investigating parental visitation was a very simple one: through the institutional records of D, E, and F we obtained the number of visits each one of the children in our matched sample had during the course of one year (1965). We excluded children who had no relatives, and those where both parents had left the state. We recorded the parental home address, and measured the air mileage between home town and the institution on a road map. This method proved to be so easy as to arouse our suspicions that such research must have been undertaken earlier, especially in view of the crucial and expensive question of choosing sites for new institutions. In spite of a diligent search in the literature we found only one reference concerning distance and visitation rates. Schultz and Buckman (1965) claimed that a positive relationship between visits and distance exists, yet when their data were subjected to statistical analysis this impression proved to be illusory.

Our own data also caused us considerable surprise since they completely failed to substantiate our hypothesis. The overall product moment correlation between number of visits in one year and distance to the parental home was insignificant ($r = .12$). There seems to be no relationship between these variables.

In order to test this finding even further we computed the mean mileage of distance to parental homesteads of children who

Institution	Mean Miles	SD	
D	25.00	9.61	One or more visits
	22.11	6.35	No visits
E	18.10	14.82	One or more visits
	17.78	12.46	No visits
F	22.89	16.69	One or more visits
	25.50	21.53	No visits

TABLE 7

Mean mileage to parental homes of visited and non-visited residents in three institutions.

were never visited during 1965 and those who had visits. Table 7 demonstrates the absence of any measurable differences in the mileage of visited and non-visited subjects. Individual case studies revealed that several children whose parents resided within walking distance (less than five miles) from the institution were never visited, whereas some parents travelled over 80 miles to the facility almost every week.

Our data are, of course, limited to the distance and travel conditions prevailing in the northeastern states which we studied. It is quite possible that the greater distances which are common in other geographical areas will yield more substantial relationships. To date, however, there is no evidence that distance to an institution is a primary factor in parental visits.

	INSTITUTION		
Number of Visits	D	E	F
0	66	30	30
1-6	23	14	52
7-10	6	12	9
11+	5	44	9

TABLE 8

Percent of residents visited in one year in three institutions

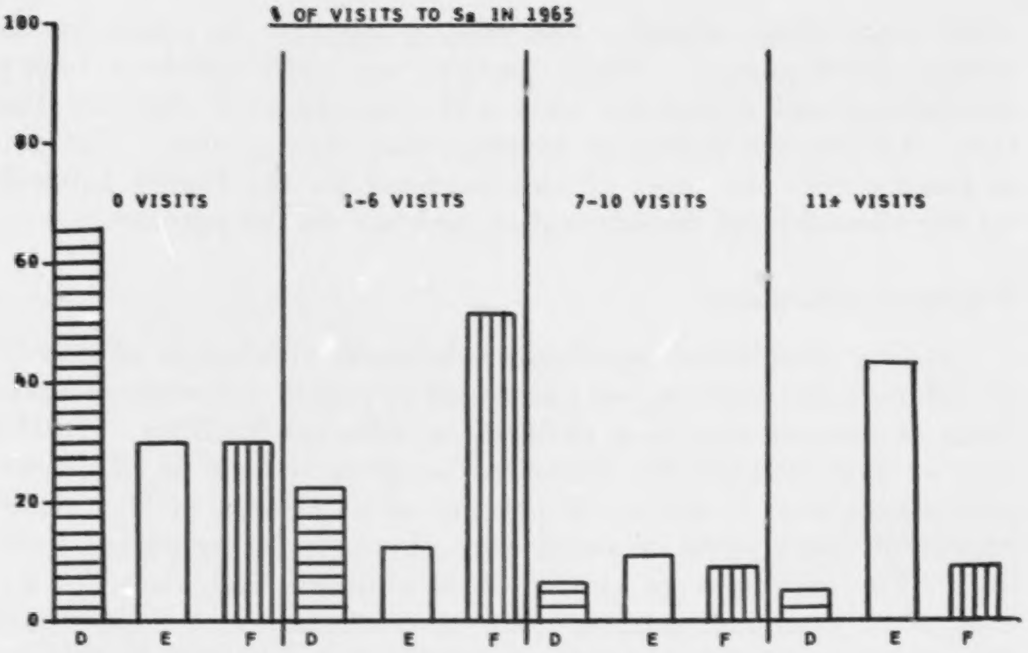

Figure 4

Inter-institutional Visitation Differences

While travel distance did not play a significant role in the frequency of parental visits, the institutions varied appreciably in the percent of parents visiting the matched children under observation. Table 8 and Figure 4 reveal that two-thirds of our population received no visits at all during the course of one year at D, whereas only 30 percent of our subjects suffered this fate at E and F. More than 11 visits (about one a month) were recorded at E for almost half the group. If we assume that parental visits are desirable (there is, alas, no experimental evidence to point up this fact), then Institution E would rank as the best facility, followed by F and D in that order. The reader will recall that the same rank order of these three institutions was obtained on the measures of institutional efficiency which we employed in that part of our study which dealt with adjustment, growth, and development.

The fact that institutional visitation patterns differ so markedly, while being unrelated to mileage travelled, suggests that the efficient institution reinforces the parents on their visist. It should be added here that all three institutions had similar administrative regulations governing visitations. The question must therefore be asked why some institutions manage to attract parental visits more than others. The answer appears to relate to the child's development. When parents see their children happy, developing, and responsive they will visit them; if they see that their children are failing to develop, they do not visit. The data at hand places the onus of abandonment by the family squarely on the shoulders of the institution and not on the parents.

Parental Attitudes

Having established significant behavioral differences of parents in different institutions, we proceeded to search for possible variations of parents who have children in different facilities. To this end we administered the Sentence Completion Task to 14 parents with children at E and to 30 parents with children at D. These, admittedly very small, samples were obtained during parent meetings. The parents were visiting their children, and, thus, do not constitute a random sample. We have attempted to collect such data also from the parents of our sample, but were able to obtain a response-rate of only 30 percent. The fragmentary material, which was extremely expensive to collect, seemed to reflect the trends of the larger sample.

The most interesting finding of an analysis of the Sentence Completion Task was the lack of differences between the two groups. It seems that the verbal attitudes of parents with children in different institutions is homogeneous, while parental behavior is not.

The self-image of the parents was a poor one. Parents saw themselves overprotective or neglectful, feeling sorry for themselves, guilt-ridden, and ineffectual. It is evident from their responses that they are in need of psychological assistance which few of them had. Although several of the facilities studied claimed in the brochures and interviews that therapeutic counseling was available to parents, we were unable to substantiate a single case of a sustained relationship of a qualified professional in the employ of an institution (i.e., psychologist, psychiatrist, psychiatric social worker) and a parent. The presence of the severe damage to the parental self-image points up the need for such a service.

The parents of children in both effective and ineffective institutions perceived the attendants in unrealistically favorable terms. The sentence stem, "Attendants in institutions for the retarded are . . . ." was frequently completed in quasi-religious terms, e.g., "to receive a special reward in heaven," "angels of mercy." Frequently they were described as "better than the real father and mother," or as "wonderfully trained and well qualified for the job." Fully 91 percent of the parents had favorable comments about the sides. The distortion of reality testing in this area was highlighted by the total inability to distinguish between effective and ineffective institutional practices.

The same perceptual distortion with respect to the adequacy of institutional care was evident on answers to the sentence stems. "As a rule state institutions for the retarded . . ." and "The trouble with institutions for the retarded . . ." The latter sentence was, of course, deliberately slanted to elicit negative attitudes, yet it failed to do so in the majority of cases. Parents would admit problems in states or institutions other than their own, e.g., "I find no trouble at D," or "in X state I know of no trouble. I hear the other states are terrible." The institutions were seen as "making their lives more pleasant," "as a rule not as good as E," "are ideal and most essential for the children." A small minority stated there was some overcrowding and "lack of home atmosphere."

The sentence stem "I often wonder why the mentally retarded . . ." yielded the greatest number of unanswered records. About one half (49.6 percent) of the parents left this item blank. Our puzzlement about this phenomenon was dispelled when we perused and analyzed those records which did have an answer: it became abundantly clear that the parents suppressed, or perhaps repressed, their wish that the retarded child did not exist. Typical sentence completions were: "are allowed to live often long lives by a loving God, especially retarded living on and on to a life of nothingness," "were put on this world by God," "are born," "are the way they are," etc.

These responses and lack of responses serve as an additional indicator of need for professional help for parents. Reliance on denial and repression in defending against the psychological trauma of retardation constitutes by definition a maladaptive response to environmental stress.

Parents with Children at Home

After we analyzed the responses of parents who had placed their children in residential state-supported facilities, the question as to whether their responses were the result of retardation in the family *per se*, or whether they are applicable to a special reference group arose. We attempted, therefore, to collect data from parents who had elected to retain their children at home in the hope that such a comparison group would enable us to determine the psychological factors associated with institutionalization.

We obtained our sample from a local parent group and from a parochial school with a religious program for retarded children. The two groups of parents were comparable in education and income, but the Home Group was younger and their children were primarily moderately retarded; the Institution Group was older and their children were mostly severely and profoundly retarded. Such differences are in line with expectation, yet they impose certain limitations on the interpretation of the results.

There are some significant differences between the groups of parents who have elected to retain their retarded children at home and those who institutionalized their retarded offspring.

Mentally retarded children are seen in a more positive light by the home group, but mentally retarded adults are not. Almost half (40 percent) of the Home Group gave positive responses to the sentence stem "mentally retarded children are often." but only 15 percent of the same group had a positive completion to the stem "retarded adults tend to." The Institution Group remained consistent with 19 percent and 16 percent positive responses respectively.

Institutions for the Retarded

There was a clear cut difference in parental attitudes towards institutions and attendants. The Institution Group was convinced of the excellence of the facilities in which their children are placed, while the Home Group was convinced of the opposite. As mentioned earlier, the praise lavished on the institutions was so extravagant as to suggest severe distortions in reality in this area. For example, attendants are described as "angels," "much better than any parent could hope to be," "the most wonderful people I have ever met," etc. The item designed to elicit complaints about these facilities ("the trouble with institutions for the retarded") was frequently answered in terms of complete denial, and even more frequently in terms of "no trouble in X State, but bad in others." The Home Group was much less favorably impressed by the attendants, frequently referring to their lack of training.

Perhaps the most interesting difference found between the two groups was in relation to the realism of expectation expressed by them. The sentence stem "I often wish that retarded children" was scored in terms of specific desires (e.g., "had more school programs available") and magical fantasies (e.g., "could all be cured). On this item parents with children at home showed a high degree of realistic specificity, while almost half (46 percent) of the institution group expressed totally magical and frequently extremely rejecting attitudes (e.g., "I often wish that retarded children didn't exist").

The differences between parental groups suggest a total breakdown in reality testing of parents who place their children in institutions. We do not know, of course, whether this difference occurred prior to or after the placement of the child. We suspect, however, that this impairment of judgment occurs *before* the decision to institutionalize a child is made and is symptomatic of it.

As "consumers" the parents lack the objectivity and critical facility to serve as the regulatory agent which is inherent in a free market economy. Supervisory agencies within the state-system are too involved in the power politics of the larger state machinery. It appears, therefore, that an independently financed agency (perhaps at a university or a charitable foundation) will have to be given the authority and the necessary access to numbers of residential institutions. The most promising strategy involves inter-institutional comparison. No parent organization and no single state system has the necessary resources to undertake such studies. Regional and national authorities seem, therefore, to be a necessary part of a system of ongoing and permanent evaluation of institutional effectiveness.

Summary and Implications

Organizational systems differ from each other in structure, operations, and aims. Residential institutions for the retarded are no exception. We set ourselves the goal of demonstrating some of these differences and investigating their causes. A sample of six residential state institutions in three northeastern states was chosen because of the very wide variation in style, philosophy, and size which they manifest.

We were primarily interested in the process and output of the system by which we meant the operations leading to the differences in the development of the children in residence. Our second effort was designed to investigate the psychological climate of the institutions and its relationship to the behavior of the persons most responsible for the welfare of the retarded residents.

In order to achieve our first objective we matched groups of severly retarded children in two series of three institutions each. By controlling for major diagnostic and demographic variables (including intelligence, age, and age-at-admission), it was hypothesized that differences found between the matched triads would be the result of the actions of the respective institutional systems.

In the second of the two series of matched triads we were able to take advantage of a fortunate circumstance. One of the states in our sample had begun to decentralize its facilities for residential care five years prior to the advent of our investigation. We were thus able to match our triads in Series II on a retrospective basis with variables pertaining to intellectual measurements six years prior to our study. Our second series represents, therefore, a longitudinal investigation of matched triads of severely retarded children in three state facilities.

In order to obtain a comprehensive picture of our subjects' behavior, we devised a time sampling of their reactions to the environment and of the interpersonal stimulations they received from their surroundings. In this manner we collected over 10,000 individual observations, two minutes in duration, and spanning the waking day of the children.

A compilation and analysis of these observations clearly showed one institution in each of the two triads to harbor less well-adjusted children than the other two. Autism, crying, inactivity, and other clearly maladaptive behaviors predominated over purposeful or enjoyable experiences. One institution in the second series was clearly superior in the adjustment of the residents to the comparable facilities.

The functional level of the residents was assessed through a Self-sufficiency Scale which was administered by the aides. Significant differences were demonstrated between the different facilities on this variable. Since the children were matched initially with respect to intelligence, these differences were attributed to the effects of the institutional experience. The same two institutions which showed predominantly maladaptive behavior also manifested the lowest degree of self-sufficiency.

Records dating back over at least a decade permitted the retrospective matching of children with respect to intellectual functioning six years prior to the current study. Re-testing of the triads in Series II yielded, therefore, a longitudinal record of intellectual development. In this area, too, the institution which had already been shown to lag in self-sufficiency and adjustment, manifested least intellectual growth.

Our three independently obtained mesures show a very close relationship to each other. We therefore designated as "effective" those institutions where self-sufficiency, adjustment, and intellectual growth were maximal, and as "ineffective" the institutions where these attributes were least well developed.

We proceeded to investigate some of the attributes of "effective" and "ineffective" institutions. Substantial differences in the ward-behavior of attendants were established. These observations were also undertaken on a time-sample basis. They show that in some institutions attendants devote a much greater percentage of their time to the actual care of residents than in others. These behavior patterns did not seem directly related to such formal descriptive variables as employee-patient ratio, salary of attendants, or institution size.

"Effective" and "ineffective" institutions were not staffed by attendants holding substantially different attitudes on a Sentence Completion Task devised by us. In fact, attendant behavior seemed related to administrative practices, especially direct supervision, rather than to any measurable psychological variable. We were especially disappointed to note that institutional effectiveness and in-service training showed virtually no demonstrable relationship.

A sample of parents of institutionalized children in an "effective" and an "ineffective" institution also failed to yield a difference on the Sentence Completion Task. We interpreted this finding, as well as some of the specific response patterns as symptomatic of a breakdown in reality testing among the parents, at least with respect to their ability to evaluate their childrens' environs.

While the verbal and psychological attitudes of parents do not differentiate between "effective" and "ineffective" institutions, their behavior is indicative of an unconscious response to the more favorable environment. We found that parents whose children reside in an "effective" institution visit their offspring much more frequently than do parents whose children live in an "ineffective" institution. One by-product of our investigation was the finding that the frequency of parental visits is independent of the mileage required for travel. This surprising result suggests that the primary factor in the parent's interest in his child is his feeling that the child is happy, intellectually developing, and learning to become self-sufficient. In short, that he receives the benefits of an effective institution.

Implication

Perhaps the single most important implication of our study derives from the finding that institutions differ substantially from each other. Only too frequently have generalizations been drawn about "institutionalized retardates" on the basis of studying the population of a single institution. Any assertions, based on an institutional sample of one case, are highly questionable. It will be necessary to conduct studies on a regional, national, and, in some cases, even international basis to learn about the effects of institutionalization on retarded children.

We have shown that the matching method permits the objective assessment of the effects of different institutional environments. We believe that such methods as well as other objective indices should be employed to evaluate all publicly supported facilities, expecially since parents of retarded children in institutions suffer from serious perceptual distortions in this area. An independent authority, working with, but not for the responsible governmental agencies appears best suited for this task.

• The recommendation as to whether or not to institutionalize a child will have to depend on the *specific* facility the child would be sent to, rather than be stated in global terms (Klaber, in press).

Some of the arguments for institutionalization in any form need to be re-evaluated. Below are some specific assertions concerning the advantages of the institutional setting which are frequently mentioned in this connection and therefore deserve special consideration.

(1) The institution has better educational facilities than the public school special class. Most states exempt their own, state operated facilities from the requirements of certification for teachers, remedial specialists, and other professional personnel. Thus, the retarded child is less likely to be instructed by a fully qualified (i.e., certified teacher) in the state institution than in his own community (Cain & Levine, 1961). Moreover, the chances of a given child in attending a school program fluctuate widely from institution to institution.

(2) Medical and behavioral specialists are readily available in the state institution. Our survey of six state institutions in three eastern states revealed a very small number of board diplomats among the physicians, not a single diplomate among thee psychologists, and only one social worker with a Master's Degree. It is clear that fully qualified professional services may not be available in institutions. There is certainly no evidence whatsoever that institutional services are in any way superior to most community resources.

(3) A retardate is happier among other retardates. The argument that certain individuals are happier among "their own kind" is indeed a specious one and has been used frequently for unsavory ends. In fact, our evidence strongly suggests the opposite, namely that retarded children are happiest when their

contact with non-retarded adults is maximized. The greater the amount of contact, the better adjusted they seem to be.

(4) The "therapeutic milieu" of the institution based on continuous training programs by aides will effect an accelerated maturation among the retardates. Recent observations in a west coast facility have clearly demonstrated that aides in one institution not only fail to train children in areas of self-sufficiency, but actually retard their progress by promoting dependent behavior (Thormahlen, 1965). Our observations show that such is indeed the case in certain facilities, but not in others. The decision to institutionalize a child must, therefore, depend on the proposed placement as well as on the needs of the child and the family.

Among some other implications are the following:

Unit size is apparently more influential in institutional effectiveness than overall staff ratios. One attendant with ten children will be more involved with them than ten attendants and 100 children (though the ratio remained constant). Greater attention to smaller units is therefore of vital concern to administrators.

The contributions of non-attendant personnel is so great in relation to its relative number that the designation of better educated and better motivated persons for special purposes is necessary. Ideally, such people would be trained occupational or recreational therapists in charge of non-professional personnel. In line with this implication it seems logical that supervisory and promotional policies of institutions be re-evaluated. It is our impression that "promotion from the ranks" is only minimally effective and perpetuates old and often undesirable policies. Career opportunities for trained therapists in the fields of occupational, physical, and recreational therapy appear most desirable. It appeared to us that institutions are reaching the limits of the use of untrained personnel. The in-service training programs in the facilities we visited were ineffective in modifying existing behavior patterns.

The parental image is in need of radical reconstruction. Staff will need greater help in dealing with parents, and parents are in need of skilled counseling and therapy (none of our six institutions had programs in these areas).

Highly skilled professional personnel must be permitted to work under conditions conducive to continued association with institutions. Without such leadership, it is unlikely that progress can be sustained. Should this prove impracticable, it will be necessary to draw on community resources on a part-time basis in preference to lowering of standards of employment.

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IMPROVING FACILITIES FOR THE RETARDED — POSTSCRIPT

The purpose of this research project was to facilitate change in the residential treatment and habilitation of the mentally retarded. To this end we brought the major findings and implications of this project to the attention of selected target groups. The assumption being that sound research findings based on empirical investigations in a field setting would promote an emulation of effective institutional practices and a diminution of ineffective procedures.

Our efforts included publications in major journals reaching administrators of mental retardation facilities, such as *Mental Retardation* and *The American Journal of Mental Deficiency*, a revision of a classic textbook on mental retardation (Socrason & Doris), and, by invitation a brief summary in the President's Committee on Mental Retardation monograph. A full bibliography of the published material derived from this project is appended at the end of this section.

Realizing the extent of the information explosion which is taking place, and the amount of material which crosses the desk of the busy administrators of the residential facilities of the retarded, we endeavored to bring our findings to key administrators in person.

As our first task we saw the necessity to provide immediate feedback to those states where our research was conducted. The deputy commissioners in charge of retardation services in each of the three states convened special staff meetings whose only agenda was the presentation of our data to key administrative personnel.

A second major effort was undertaken with the aid of a special grant by SRS (Grant No. RD 2878-P) to convene a conference on residential care and to invite all state administrators in the U. S. in charge of retardation programs in their respective states. The conference was convened in June, 1968, and was attended by sixty persons, representing forty states and The District of Columbia. Proceedings of this conference were mailed to all administrative heads of residential facilities in the United States, both public and private.

Thirdly, professional meetings were used as platforms for the dissemination of our findings. Presentations were made at the annual meetings of the American Association on Mental Deficiency, (administration section), and the Council on Exceptional Children of the National Education Association.

The Extent of the exposure of the professional public to our data has been great, and the response as measured by request for reprints and other data, especially to the *Proceedings of the Conference for Residential Care* has been so great that we were obliged to limit mailings to one copy per request.

While the reception of our data has been positive, the effect of change on the lives of the retardates in residence throughout the country seems unaffected. We have concluded that research and its dissemination are simply not potent enough to bring about the needed change in the lives of persons depending on institutional care.

There appear to be several reasons for the slow pace of institutional self-renewal, the most important of which seems the inability of the administrator to put his own ideas into effective operation in his own organization. To be sure, this problem is neither unique to institutions for the retarded, nor limited to public organizations. Quite to the contrary, the business world has been wrestling with this problem for many years. Out of the managerial experience in business organizations a new approach has been emerging for some time: the system-approach to organizational effectiveness.

This report is not designed to review the potential effectiveness to the habilitation field, but several points seem appropriate nevertheless.

The residential facility emerges as a complex system in which all components are interdependent: the superintendent is responsive to parental and political pressure and from outside and dependent on the personal involvement and loyalty of his staff; the staff in turn is dependent on direction from the superintendent and his support, while hoping for the cooperation of the attendant personnel; attendants in turn need the professional expertise of the staff in dealing with the retarded residents, who in turn are dependent on the attendants. In short, change, to be effective, must be system-wide.

One of our most controversial conclusions revolved around our inability to demonstrate that in-service training changes actual attendant behavior. In terms of the system-approach this is not a surprising finding, and is often duplicated in industrial settings. Attendants, evidently, are just one component of a complex system. No single component in such a system can be changed in isolation. It is obvious, therefore, that the promotion of change necessitates a system-wide training intervention.

It is proposed that future studies attempting to change methods of habilitation in various agencies concentrate on change in be-

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havior in the total agency rather than in one segment of it. Management methods, administrative procedures, and commitment to to habilitation by all the components of the system should therefore be investigated. Our own research has demonstrated that institutions can be studied *in vivo*, the next step will require an experimental intervention on a demonstration basis in an entire residential facility for the mentally retarded.

APPENDIX I: The Institutions

INSTITUTION A

Institution "A" is a state training school for the mentally retarded. In general, the aides were observed to do little to organize for the retardates. The activities of the aides appeared to be limited to commands to retardates and to "getting things done," with very little interaction between aides and retardates. On the other hand, many aides were observed interacting among themselves, watching television, or remaining idle a good portion of the time. Some aides were seen to play with retardates, but these were often children whom the aides considered their "pets."

With little organized recreation and few toys available, many of the retardates are idle most of the time. Watching television seems to be a common form of diversion in all wards, although many children do not watch it. On the other hand, most of the children seemed to enjoy school activities; in fact, some aides threatened to keep misbehaving retardates from going to school, and this appeared to be an effective disciplinary tool.

A number of buildings make up the physical layout of Institution "A". Wards in these buildings house retarded children of varying age levels and are segregated by sex, although one ward (for younger children) houses male and female retardates.

In Ward I, a unit for female retardates, the girls get up about 7:00 a.m. and dress and wash themselves. Later they go to breakfast in the dining room where, once again, they are able to take care of themselves. Certain children bring out the food to the others and clear away the dishes. The aides eat at the same time in an alcove where they can see the girls and issue commands. After breakfast, girls who go to school stand in line while an aide sees that they have on the right clothing, that their hair is combed, and the like. These girls remain in school until 11:30 a.m., at which time they return to the ward for lunch. School begins again at 1:00 p.m. and ends at 3:30. After school the girls find their own amusements. Following supper most of the girls watch television. At approximately 6:35 p.m. an aide announces it is time for their showers. The girls first take off and fold their bed covers, then get undressed and go into the gang shower, which is supervised by one of the other girls. The girls then put on their pajamas and go downstairs to watch television until about 8:30 p.m. During the course of the day little contact between aides and the girls was seen. However, the aides did check to see that the girls were not "disgracing" the ward by the way they were dressed for school, that they hung up their clothes after school, and that they sprayed on deodorant after their shower. At each meal minimal interpersonal contact was observed.

Ward II is an older and smaller unit for children up to the age of 17. Cleaning and upkeep is performed by residents and trainees (mildly retarded young adults who are trained to do simple tasks). with most chores assigned by aides. Toys are scarce in this ward, except for some swings, a few balls, and a merry-go-round in the backyard. The residents are free to move in and out of the ward, but chores and school seem to occupy most of their time. During their free time many retardates are idle as no activities (except chores) are organized by the aides to keep them active. The aides issued commands and directed children in their chores but were not seen to interact with retardates for any length of time except to point out the retardates' obligations to them.

In Ward III upkeep of the premises is performed mainly by the residents. Chores are assigned by aides who interact very little with the retardates. Toys are scarce in this ward and there is no playground outside, so the children pass the time watching television, "horsing around" with each other, or sitting inactively. Some of the retardates have been suspected of stealing personal items from residents of neighboring wards. Residents of this ward are taken to school and brought back in line formation by the aides. The aides let the children move about at will when chores are not assigned to them. Chores are firmly given and the children are left on their own to perform their tasks.

Ward IV, for the profoundly retarded, is entirely devoid of toys. The day room and patio are both enclosed areas with a few benches providing the only furnishings in either area, except for chairs which the aides bring in for themselves. In the day room the retardates are often separated from the aides by a locked wooden door about four feet high, which enables the aides to interact among themselves with few interruptions by the retardates. The aides were observed to interact with a few of the younger children and to issue commands to the rest. Male trainees do most of the cleaning and diaper changing for the aides and help in feeding the retardates. Residents of this ward range from five years of age to adulthood; they are not toilet trained and offer little response to external stimuli. The day room has a strong smell of urine and feces most of the time, although trainees often mop the floor and clean the messes. Retardates in this ward walk around half dressed or completely naked all the time, and many masturbate openly. The feeding of these retardates is done very rapidly and impersonally with heaping spoonfuls one after another pushed into retardates' mouths by aides and trainees.

Ward V houses ambulatory and non-ambulatory young children. At mealtime some children are served by aides while others eat by themselves. Wheelchair patients, called "babies," are fed at an earlier time along with the children who go to school in the afternoon. In the morning the children are brought down to the basement day hall and lined up on the floor in front of the television set. The aide in charge then sends the children into the bathroom and usually has one of the other children (not a trainee) watch them. Another aide takes the children into the basement day hall and lets them play with toys. Most children wear either johnny coats or bibs for meals. The childrens' tableware consists solely of spoons and all their food is ground up. During good weather the children are taken during the afternoon to a large grass area with swings, see-saws, tables and benches, a stage coach, and toy animals that can be rocked. Some children play with the toys but most either play with each other or are inactive or autistic. If it is still warm after supper the children are brought out to the play yard for another hour. The children are bathed by an aide at approximately 6:30 p.m. and by 7:00 most of them are in bed. The aides' only interactions with the children are primarily through commands: in placing food before them, bathing them, and dressing them.

Ward VI is a new building, similar in appearance to other units at this institution. A play yard enclosed by a wire fence is directly off the visiting room and screen doors lead from the yard to both bedroom wings and the visiting room. None of the doors is locked and the children may enter and leave the area at will. The dining room is equipped to feed about 80 people at one time. Aides dish out the food and help feed those who have trouble eating. The children wait until the aides are finished eating before they return to their other activities. After breakfast some children brush their teeth unassisted, while some have an aide or trainee do it for them. The children are then brought down to the base-hall to play. Little interaction was observed between aides and the children or between the children during the play period. The children remain in the day hall until lunch time, when they are brought upstairs to be cleaned. After lunch they go to the outside play yard.

A Day at Institute "A"

6:05 a.m. The retardates are awakened by aides, who change their diapers and place them in the day room.

6:45 The aides either dress the children or yell directions on how to dress themselves. Some children dress without supervision. Each child's bed has a toy placed on the bedspread after the child has made the bed.

7:19 An aide rings the bell. The rest of the children get up, dress, wash up and make their beds by themselves. The aides come by to check.

8:24 All the school children wait in line while an aide or one of the children on the safety patrol comb their hair. The aide checks the socks on all and makes comments about smelling nice for school.

8:29 Two safety patrol members walk the children to school.

8:59 Some of the children in the ward talk among themselves while some watch television. There are toys but they are not accessible to the retardates. The aides are working by themselves in the sewing room on doll buggies.

9:36 The children watch cartoons and exercises on television and imitate the exercises. Then they are moved to another day room, where each takes a toy. However, some just sit even though there are enough toys.

10:15 There are no toys in the day hall. The children sit on the floor while an aide reads the newspaper.

10:39 The retardates are made to sit down by an aide. More than half the retardates are naked, the others are putting on their shorts. An aide distributes clothes and commands. A few of the retardates watch television, while the rest are inactive. One retardate is locked in the restraint room.

10:45 The children sit in the day hall most of the time, and at intervals an aide "trips" them and sends them to lunch. An aide hands out plates; some of the children use spoons, others eat with their hands.

11:45 The children are "tripped" after lunch. An aide later washes the children's faces. In the day hall an aide is putting diapers on some of the children.

12:59 p.m. The children are cleaning dining room tables and sweeping the floor.

1:29 Aides and children are cleaning the ward. The aides issue commands, while the children do most of the work.

1:59 Residents wax the floor of the ward with an electric buffer.

2:54 Many of the children were observed to be badly scarred. As there is no place to sit, many of the children sit on the floor, which means the aides must walk around them. Many of the children are naked, and are masturbating alone or with one another. There is a total lack of toilet training, and no observable attempt is made to clean up urine from the cement floor where most of the retardates are sitting, some restrained and some not. The patio has one toy. a merry-go-round. There is a strong smell or urine which attracts flies. Some sunlight shines on the area.

3:24 There is a foul smell of which even the children complain. An aide talks to a few of the children but avoids them as much as possible. The patio is locked.

3:54 The day hall is very hot. The television is placed high up on the wall, out of reach of the children and watched by no one. The children are either sitting on the floor or running around, kicking or beating each others: sometimes beating themselves. One aide said some retardates have bad headaches and tear their hair out, or others beat themselves while in agony trying to pass huge balls of accumulated strings and threads which they have swallowed.

4:04 One retardate hit another on the nose with his closed fist and the second child bled profusely from the nose for approximately five minutes until an aide finally came into the room and took him into the bathroom to stop the flow of blood.

4:24 The children are sitting around ouside talking. The swings and slides are not in use. There are no aides present as they are inside making doll buggy decorations for a forthcoming "parade" in one of the other wards.

4:51 The aides put the younger children to bed.

4:54 In the dining room one girl takes charge, serving food and cleaning tables. Some of the children go out to the kitchen for second helpings. Most of the children eat with tableware. The aides eat in an alcove and issue a few commands to keep the retardates quiet.

4:59 The retardates are bathed and placed in the day hall, where they are made to sit around on the tile floor next to the cinder block walls. One aide constantly yells at the children to sit down and pull up their pants.

5:24 The children are free to play in the unfenced yard or inside the day hall.

6:34 Most of the girls in the "living room" are watching television as there are no toys available. The children are allowed to move freely from one room to another. An aide comes in only when there is continuous arguing.

7:04 All the girls are getting ready to go to bed. They are very noisy. One child supervises one half of the floor, while two take charge of the other side.

7:14 Of 27 children, 17 sleep in strait jackets with their arms crossed in the front and tied tightly in the back. They are fastened to the bed in two places: the upper body and feet are stretched out to both sides of the bed and tied fast. Two aides care for the children. One aide reported that some children are restrained all night because of "painting" (moving) either with their hands or feet. This was confirmed by the example of one girl who was completely soiled and covered with flies all over her face and body even though she had been in a strait jacket. An aide said that children would be "tripped" to the toilet at 7:30. There is a heavy stench of stale urine. Preparation for bed consists of an aide washing a child's face and the soles of his feet. Many children have bed sores and large bruises.

7:29 Most of the retardates are inactive. The aides begin to take some of the children to the bathroom to change their diapers and put them to bed.

INSTITUTION "B"

The several buildings of Institution "B" are similar in appearance. They have two bedroom wings, each of which accommodates 45 beds, and a large day hall containing a television set and a piano which is played occasionally by one of the retardates. A few children who awake early are allowed to get up at 5:30 a.m. The others are awakened by an aide turning on the light at approximately 5:50. Those who do not wake up then are called by name until they are awake. Most of the retardates dress themselves; those who do not are dressed either by the aide or by another retardate. They go to the bathroom without being told. Later, some retardates wait in the day hall until they are lined up to go to breakfast at 6:45 a.m.

The dining room hall holds about 400 people. Once inside, the retardates pick up their tableware and their trays of food from the trainee. After breakfast the girls in one ward return to the cottage, where they are divided into two groups, one to go to school and one to sit in the day hall. The girls who go to school all wear the same uniform. After the school children leave there are approximately 30 girls left. The television set is turned on for the girls remaining in the day hall; very few watch it. When the girls return from school they walk to lunch. On some days the aide plays a phonograph before the school girls leave and a few of them dance. During the course of the day there is no activity for the remaining children except the television and the music. After supper some of the children attend Scout meetings or go to recreation. Then the music and the television are turned on again. Most of the children either talk with each other or are inactive until they begin getting ready for bed at 8:00 p.m. They are all in bed by 8:30. Interactions between children and aides were seldom achieved.

The girls' buildings have soft chairs, tables, curtains, and flowers, as well as pets. Music and the television set are played all day long for the girls, who seem to dance continuously. There, is little structured waiting and the girls come and go freely with minimal supervision. In most girls' wards the aides are cooperative and spend a good deal of time with the retardates. In one ward, the aides all talked in very low voices and never raised them. During the period of observation the children always did as they were told. The housekeeper of this building reported that a year ago a memo went out to all male aides instructing them to wear black shoes because they were getting too sloppy in their dress and it was hard to tell the aides from the retardates. When the retardates found out the aides started wearing their "uniforms," they wore the same thing and it was still hard to distinguish between the two. In general, play materials and activities within the wards are lacking. All but ten retardates from one building and some 30 retardates from another attended school. There were other activities, such as occupational therapy classes and music instruction, but such activities involved a small percentage of children: for example, two retardates took music lessions and three went to occupational therapy classes. Bible classes, movies and church activities are also available.

The music teacher organized the Christmas program which consisted of a choir of about 30 retardates and a trainee who read the Christmas Story to an audience of some 180 children and ten teachers. Slides were shown with music appropriate to Christmas.

With some exceptions, the aides' only interactions with the retardates were in issuing commands, at which time retardates were addressed by their last names. Walking to school and to the dining room building appeared to be the only means of exercise for them, as the children sat most of the time they were not standing in line. The interactions among the children largely consisted of hitting each other with hands or objects, kicking, etc. Hugging and kissing was observed among some children of the same sex.

Trainees seem to do all the dirty work in the wards. Left in charge of the toilet, they merely wipe the retardates' hands with a wet cloth and just pull up their pants, without using toilet paper. As a result, some retardates walk around soiled all day.

At times there were no aides in the day room and, in one instance, an aide turned on the television and left the room without adjusting the volume, so that for over half an hour the television played silently. The wards appeared to be clean and free of objects, other than the chairs and two small tables, and the retardates were fully clothed all day.

There were chairs for all retardates in the day room, where television seemed to be the main activity, with aides watching many adult programs. Outside of some coloring books and clay distributed among the children by an aide, there were no toys in the ward. The aides' interaction with retardates was limited to commands, and, aside from the two instances of aides passing coloring books and clay among retardates, they made on attempt to organize games or provide any means of entertainment.

One aide would take a group of 15 to 20 children to the Basement Recreation Room during the morning and one during the afternoon. The room was decorated for Christmas and contained various individual toys and chairs and a long table at which most of the children played. The children would have their shoes put on when they came down and taken off before they went back upstairs. The aide spent most of her time hanging pictures or decorations on the walls or changing records. She would often go out of the room, leaving either an older male trainee or the worker in charge of the children.

The Occupational Therapy Room is also located in the basement. In it are stanchions or walkers, which some of the children use. There was usually an aide and an occupational therapy worker, as well as one or two trainees with the children. The extent of their observed activities was in harnessing those children who were in walkers or stanchions, or tying down a few of the children in an adjacent room to a straight table on which their legs would be weighted with sand bags to be straightened. Several children were supposed to move about as if in a "free play" situation; however, there were few toys available. The door to this room was always locked.

In the Basement Crafts Room there was a "free play" type situation with some toys available. It, like the Basement Recreation Room, was decorated for Christmas with pictures and decorations made by aides years before. The children who had been in the Occupational Therapy Room in the morning would come here in the afternoon, and this group would go for occupational therapy in the afternoon. The doors to this room were unlocked most of the time.

The aides served primarily as overseers in all of the wards and rooms. The few interactions between aides and children were mainly of a disciplinary nature. On several occasions throughout the day verbal and physical discipline was observed on the part of the aides and, in a few instances, trainees. This discipline involved using hands, sneakers, and heavy long woven straps on the children's faces, heads, backs, arms, buttocks, and legs. In one case a child was observed to be physically thrown into a chair.

A Day At Institution "B"

6:00 a.m. An aide awakens the children, calling them by their last names; this aide has been observed to be verbally aggressive with some of the retardates. The children then sit and wait for breakfast to begin.

6:30 The children wait with coats on to go out to breakfast. A retardate who hurt his head is taken by an aide into the office to stop the bleeding. Later, the children are led to the dining hall by an aide.

7:00 The children eat breakfast, feeding themselves with spoons. Meanwhile, the aides stand around issuing commands. After breakfast the children fall in line and are taken back to the cottage by an aide.

8:20 The day room is being cleaned. Most of the retardates are sitting while waiting for their clothes and (as appropriate) medicine to be distributed. The room is very noisy. While the aides are dressing some of the younger retardates, older retardates are polishing the floor with an electric buffer.

8:45 Most of the retardates sit, some watching a children's television show, others playing with magazines given to them by an aide. Again, the aide stands around and issues a few commands.

9:15 An aide collects all the magazines and turns the television off, and then orders the retardates to fall in line to go to the bathroom. The children return to the day room, where a trainee passes around cookies and toys.

10:30 An aide with a tray full of medicine comes in and calls retardates by their last names to give them their medicine. No toys remain in the day room.

11:00 The retardates must wait in line to get their coats out of a closet. Then with coats on, they sit and wait to be taken out to the dining hall. An aide helps some of the children put on their coats. Presently a group of children return from school.

11:30 Some 48 children are now in the dining hall. Children are brought into the hall in groups of this number from 10:30 a.m. until 1:00 p.m. While in the dining room the retardates are served their meals on plastic trays. The retardates eat while sitting along large tables, closely supervised by the aides.

1:25 p.m. All of the retardates are sitting in the day room, where some watch television. The aide tells several children to sit at three tables and gives them clay and coloring books. Then the aide watches television.

1:55 The television has remained on for the past half hour and the aide has watched it most of the time. The aide does not issue commands or interfere with the children's play. Meanwhile, some retardates hit each other and one retardate is observed embracing and kissing another on the face.

2:25 The aide collects the clay with which some retardates are banging on tables or hitting other children. Some magazines are given to the retardates, and another aide interacts with a few of them. The television is then turned off and music from a phonograph is heard coming from the day room loudspeaker.

2:55 At the end of class a trainee walks three children to the recreation building for music instruction. There are several musical instruments in the music classroom and the teacher is observed chatting with a man while the children sit and wait.

3:25 The teacher instructs two children at a time on the bugle or the trumpet. A child who plays the marimba quite well leads the others on proper keys to play the trumpet. The rest of the children sit and interact among themselves.

3:55 The children leave the classroom after they finish their lessons. Later the trainee escorts two retardates back to the cottage.

4:25 The retardates sit and wait, with coats on, to go out to supper, which begins at 4:30 and follows the same routine as lunch.

5:25 The retardates stand in line in the hallway, toothbrushes in hand, to brush their teeth. While waiting, some children hit each other hard with their hands. After they have gone in small groups to the bathroom, they sit in the day room.

5:55 The aide calls the retardates by their last names. There are many interactions observed among retardates in the day room; some kiss and hug each other. The aide sits and orders the children to sit and watch television, which most of the retardates do.

6:25 Several retardates watch television, while some walk around hitting each other. Four retardates are seen sleeping on chairs. The aide continues to watch television, issuing commands from time to time.

6:55 to 7:35 The aide turns off the television and orders the retardates to take their shoes off. The retardates must wait in line to put their shoes into the clothes closet. In the bedroom, trainees take to the bathroom some children who have soiled their pants during the day. One trainee took the pants off a child and put him to bed soiled. As a result the bed got very messy with excrement and the child later had to go to the bathroom to clean up. The aides avoid the soiled children's garments, leaving them for the trainees. All the children are in bed by 7:35.

INSTITUTION "C"

Institution "C" is a state school for the mentally retarded of both sexes. The population of this institution, upon a review of several hundred representative cases, is divided: one-third Negro, one-third Puerto Rican, and one-third Caucasian. The majority of the cases reviewed were referred by welfare agencies.

Each of the buildings is laid out so that wards are separated from each other by the bathrooms and toilets. Within each ward, a five-foot wall with a picket fence gate separates the sleeping area from the play area. The only furniture to be found in these areas are unpainted wooden, park benches, although in some wards there are a few unpainted wooden lawn chairs. The windows of Institution "C" are nailed shut and heavily screened. During the observation period they were never opened for ventilation. Additionally, the doors to all wards and gates between wards are always locked, and all exterior doors are locked after 5:00 p.m.

The aides in all wards and buildings are responsible for the perfunctory tasks of dressing and washing the children. The aides also mop floors, clean windows, make beds, clean toilets, run errands, etc. Thus, there seems to be very little time for interaction with the children in the form of games or amusement. The aides were observed to be aggressive towards the children and one particular aide was observed to slap her two hands over the ears of the retardates simultaneously, and then bang on the top of the head any children standing or walking around after they had been ordered to sit. Another aide was seen giving a retardate a sound beating on the buttocks with her hand for disobeying her. This was accompanied by many harsh, vulgar and punitive commands. This vulgarity is picked up by the children who, as a result, were frequently observed using abusive and osbcene language.

One doctor is assigned to each building and he usually makes his rounds about 10:30 a.m. for about an hour, treating about 20 retardates for minor rashes, cuts, etc. and arranging hospital appointments for more serious cases, such as seizure patients or the chronically ill. The charge aides and the nurses make out reports and medicine charts, as appropriate, and appointment arrangements. They do not often interact or visit the various wards in the buildings, except during the routine doctors' visits. Many of the aides and nurses do not know the retardates by name and, when asked, were confused as to where any child was located or who he or she was. The aides in the wards appeared to show little interest in the children and to avoid coming in contact with them in other than routine ways. It was noted that the children, or patients, as they are called, were placed into two categories: The first category comprises approximately 10 to 12 retardates who are given attention and advantages in activities, such as school and walks outdoors; the other groups is made up of those retardate who, in the words of one aide, are "hopeless." Retardates in the latter category are abused and mistreated, omitted from recreation and from special treats such as cookies and milk served in the afternoon.

At the time of observation, Institution "C" was in the process of reorganization and administrative transition. As a result, case files were poorly maintained. A brief inquiry into case records brought to light the cases of several individuals who have not been tested for I.Q. for 20 years. In addition, case files of some new arrivals, who had been on the grounds for almost a year, showed no treating had been administered.

On a holy day of obligation retardates from the trainable and educable classes attended Mass in the main auditorium, as there is no church on the institution grounds. The retardates sang to the accompaniment of an organ. The music was characterized by simple structure, repetition of phrases, and simple note and chord fluctuations. The retardates responded to the celebration of the Mass with memorized responses in Latin and English, and participated in independent processions at Communion.

Visiting hours for parents and friends, as well as home visits by patients are closely regulated. Special permission must be granted at any other than the specified time. A brief scanning of cases shows that many of the retarded in this institution have never received visits from parents; in fact, parents of many cannot be found. Letters informing parents of children's health are returned marked, "Whereabouts Unknown," "No Such Address," and "Moved, No Forwarding Address Left."

There seems to be a tendency to limit outside activities to residents who have been classified at the trainable level. Such trainable retardates may be included in school programs for the retarded, dances, movies, and variety shows, all taking place in other buildings within the grounds of Institution "C." On the other hand, very little is done with a very large portion of the retardates whose classification falls short of the trainable category. Such individuals appear to spend most of their lives within the confines of crowded wards, devoid of meaningful interactions and lacking toys or activities that would occupy their time in ways other than the inner directed behavior that seems to prevail in all wards with a large number of non-trainable retardates.

In the wards, one or two aides take care of 40 to 70 retardates. (In some instances one to three aides are responsible for 90 children.) The aides' interaction with the children appear to be limited to shouting commands and punishing any child who does not respond to the first command given. The treatment of the children in the "low grade" wards was observed to be harsh and impersonal.

In general the wards occupied by a large number of non-trainables evidence a heavy odor of human waste. These wards are cleaned several times daily, although whenever excrement is removed from the floor only that particular area is mopped. Urine is also mopped on the spot only, with several puddles of urine often removed at the same time.

There is a television set in each of the wards, and even though it is on most of the time, few children ever watch it for more than ten minutes at a time.

One day there was a variety show in the auditorium where a small group of performers entertained about 2,500 residents. The children seemed to enjoy the show, responding enthusiastically to sing-a-long numbers and approximately 100 children danced rock' n' roll on stage with the performers at the end of the acts. Candy was distributed among the retardates in the audience.

In the wards most of the retardates are fully clothed during the day, and wear white sleeping gowns both at night and in the morning before they are cleaned up by the aide. Most children are called by their last names by aides, trainees and peers alike. In the sick ward some children bear ink marks on their arms reading "X-ray" or indicating the type of medicine they must take.

The wards are devoid of objects other than chairs. Some children seem to look for small scraps of paper on the floor, and when any such small item is found, a child may hold it, stare at it, and keep it. The children are locked into day halls, dining rooms, and bathrooms — except in one unit which houses older girls with higher abilities. In general, the children were observed to be inactive or autistic most of the time and their interactions seemed to be of a negative nature. The children received little attention or stimulation from any adults.

One of the buildings is a prefabricated structure which houses residents up to 12 years of age. The building is simple but colorful, and less crowded than the older brick building. The furniture is new, all the rooms are painted with bright colors and the wards house about 30 residents each. The residents are taken for their meals to another building through a connecting hallway. Most of the doors in this building are kept locked. Aides were observed working with the residents, although no trainees were seen in this building. Few toys were noticed in the day room during the day; however, from 3:30 to 4:15 p.m. the aides brought several toys out of a closet for the residents. Morning and afternoon classes are held for the residents in the building. During these classes the teachers play games with the retardates, ask them simple questions, etc. The residents of this building get up about 6:00 a.m., at which time they are dressed and taken to the bathroom by the aides. They go to the main dining room for breakfast. After breakfast, they are taken back to their ward, where they are cleaned prior to going to school in the day hall or to a physical therapy session. After lunch some residents go to an afternoon school session while the rest are left in the day room with some toys and the television on. The aides seem to relax in the afternoon and sit more often than in the morning. At 3:00 p.m. a change in shift begins. The new aides give several toys to the residents to play with for almost an hour, then put them away again at 4:15, when the residents are made to sit and watch television until supper. The aides again sit for a while, issue commands, groom one of the girls' hair or watch television. After supper, at 4:30 p.m., the residents go back to the day room and are again made to sit and watch television. They are toileted before bedtime, and given a shower, and later changed into nightgowns by the aides. Most of the aides' conversations overheard were institution-centered or otherwise related to their jobs.

Another building contains a group of sexually mixed, severely retarded, and primarily non-ambulatory patients ranging in age from five to twelve years. Several of these are newly accepted patients with various physical handicaps. There are approximately 50 retarded, of whom several are mongoloids and an equal number microcephalics. Four residents of this building participate in a recreation program which is held in a small, locked room under the direction of a rescreation leader. The recreation period lasts from 10:30 to 11:30 a.m., at which time the residents are returned to the ward area for lunch. The classroom and recreation room are not occupied during the afternoon hours. A therapist visits the ward between the hours of 9:30 and 10:30 a.m. and provides exercise in the form of involuntary limb manipulation for a few. Otherwise, the majority of the retardates either lie on the floor mattresses or sit in floor-level baby chairs, some of which have a spring action leg arrangement which provides some mobility. Fifteen residents in this ward receive programmed stimulation of an effective nature.

In the building for moderately and mildly retarded girls, the residents are awakened at 6:00 a.m., get dressed, make their beds, and wash themselves under the supervision (but without the assistance) of the aides. At approximately 6:45 the girls are seated in the dining hall, where the aide dismisses them one table at a time to pick up their food. By 7:30 all of the residents are out of the dining hall. The school girls change their clothes and the aide spends about an hour combing each girl's hair and braiding the Negro girls' hair. Only about 15 to 20 residents remain after the girls either go to school, occupational therapy, or to work. The aide then sorts the laundry and attends to the rest of her chores. One morning she passed out paper and water color paints to all the girls and obtained a radio. The other girls start returning around 11:30 and eat at 12:00 o'clock. After lunch the aide resumes her chores. The television is turned on and after a while the aide, too, sits down and watches it. Between 3:45 and 4:15 p.m. the girls return to the building and prepare for supper, after which they return to the day hall for their nightly baths. The aide stands at the door between the bathroom and the day hall and issues commands to girls on either side. The aide later turns on the television and begins sending the girls to bed at 7:30. By 8:00 all but eight girls have been put to bed. Those who stay up help the aides clean the day hall.

A Day At Institution "C"

5:45 a.m. Retardates are awakened and ordered to make their beds.

5:54 Aides bring retardates to the day room. One aide has been given the task of changing the diapers of 40 children.

6:54 The room has a heavy odor of human waste. There is nothing for the retardates to do, although one of the aides is still busy cleaning up after the children. The girls from another ward pass by on their way to breakfast.

7:24 The boys wait in the day room for the girls to finish their breakfast. As some girls come out of the dining room with oatmeal smeared on their faces, the boys run their hands over the girls' faces and wipe off (and subsequently eat) the residue of cereal.

8:46 While the doctor is making his rounds, the aides are putting shoes and socks on children who are unable to put them on themselves. A few children watch television, others run around, push others, or just sit.

9:00 "Free play." An aide takes some children to an area in front of the television to watch it. Several children walk around. One child was observed beating another on the floor. By the time the aide took her away, she was kicking the other child in the stomach. The aide appeared very calm about the incident.

9:30 An aide lines up children to dance in a circle while singing. Many children are on their feet now. Another aide brings in a record player and about 20 retardates gather around it. The television is turned off and the music begins.

10:00 About two-thirds of the children gather around the record player. Two aides interact among themselves while another aide dances with some of the children. Then an aide comes in with medicine for some children, calling them by their last names.

10:30 About half of the children are sitting on benches or on the floor. An aide is giving medicine to a child.

A child falls off a bench. An aide picks her up and treats her bloody nose, then puts her in bed. The music is turned off and the record player is put away. The television is on. Most of the children are seated.

11:00 "Free Play." Aides take some of the children to the toilet. Most of the children sit on benches and on the floor until it is time to line up to go into the dining room.

11:20 The children go into the dining room, one group at a time, with the aides leading them to their tables.

11:30 During lunch most of the children eat with spoons. However, the aides must bring trays to some of the tables and feed a few children.

11:50 As one group of children finishes eating, they go to the day room or to the bathroom and another group of children waits to be fed.

12:00 Most of the children are seated on benches or on the floor.

1:00 p.m. The aides interact among themselves and issue commands. The children are sitting or walking around the room.

1:30 An aide takes some children to the toilet and later dresses them.

2:00 The children are taken to a basement hallway where an aide gives them some balls to play with. There are also three tricycles in the basement and the children seem to enjoy the play area. One aide plays with some of the children, while other aides interact among themselves and play with children infrequently.

2:30 The aides are collecting toys and ordering children to line up to go back to the day room.

2:40 "Free play." When the children return from the basement, the aides distribute cookies and a beverage. Other children are returning from school and change clothes in the bedroom, and then enter the day room.

3:00 A few children are singing with an aide.

3:10 Shift change. New aides are checking a list of children's names. Simultaneously the television is turned off and the lights are turned on in the day room.

3:30 One aide brings in medicine for some of the children while two other aides are playing with several of the children.

4:00 Some children are running around but most of them sit as an aide issues commands.

4:50 A group of children crosses the day room on the way to the dining room. There are two puddles of urine on the floor; a child sits in one of them until an aide mops it up.

5:00 Some children are dancing to music from television.

6:18 The children are in their pajamas and are made to sit and be quiet while given medication. The room is very warm.

6:38 The children are constantly being told to stay in the play area which is made by a circle of benches. Half of the children are running around the room and the rest are inactive. The aide comes in and out, issuing commands.

7:18 to 7:42 The children are in pajamas and are made to sit before being ordered to bed. One child trips those who wet at night. Five children were allowed to watch television for 15 minutes; after the others had gone to bed, they were sent to bed.

INSTITUTION "D"

Institution "D" is a state training school for the mentally retarded of both sexes. Residents of this institution range from young children to adults. The institution has been in operation for more than 50 years and, in that time, has spread out over spacious, wooded grounds in a rural setting. The physical plant facilities are a mixture of old and new buildings, with an emphasis on the latter as a result of a vigorous campaign begun ten years ago to modernize this institution.

One of the new units, Building I, comprises four wings with a central dining hall in the middle. A glass-enclosed area in the bathroom of each ward serves as an office for ward personnel and offers aides a good view of the children. The children in the day hall are provided with toys, which they did not appear to play with very much. The retardates were observed to display aggressive behavior toward each other. The aides, on the other hand, take care of the physical needs of the children but show them little affection and were occasionally observed to slap a child if he misbehaved. The children who go to a special class in the building are in class for only a half to three-quarters of an hour at a time, the remainder of their time is spent in the wards. Residents of this building get up at 6:00 a.m. and eat breakfast at 7:00. Lunch is served at 11:00; and, supper after 4:00 p.m. Many of the children need help eating and during noon and evening meals approximately ten adults assist those who cannot eat alone. The food is regular or junior food, which is served on a plastic tray to each child.

A program begun in this institution to bring workers and retardates closer together seemed to have lost its impact when observed. Previously, the aides would play with many children and have them moving around a great deal. At the time of observation the aides just sat and watched the children, occasionally playing with one child or having one child sit on his lap, but little else. One young aide was seen constantly yelling at the children and hitting them. One aide commented that the program has dissipated into groups of three and four children and an aide.

Another ward is for older retarded girls, most of whom are 16 or older, except two young girls who were too troublesome for the aides in other wards. There are very few toys in this ward and those girls who have any just hold them. One day the aide let the girls put on some records and four or five girls danced to the music for a while. Most of the time, however, the girls just sit and do nothing. The television is on most of the time but the girls only look up at it once in a while for a short time. The girls get up at 6:00 a.m. and dress themselves or are dressed by an aide or a "brighter" girl. They wait in the day hall until 7:00 o'clock for breakfast and are served their food on trays by an aide. Most of the girls feed themselves. Half of the girls are bathed after breakfast one day and the other half the next day. While this is going on most of the girls are sitting in the day hall. There are seven chairs in the shower stalls and two or three girls sit there most of the day. One of the girls sat on the toilet most of the time. The aide said she sat there because she wets and the aide didn't want to have a smelly ward. After all the younger children are given their trays and have begun eating, two other wards are brought into lunch. This also happens at suppertime. After supper the girls put on their pajamas and sit in the day hall. The aide starts tripping and putting the girls to bed at 7:00 p.m. At 7:30 almost all the girls are in bed except the girl who wets all the time. An aide noted that she stays up until 8:00 so she can be "tripped" then and won't have to be "tripped" so often when she's asleep. While the aides are in the day hall they are busy with chores, and since there is usually one aide in the ward, the aides have little time to do anything for the girls.

In Building II, three girls were making baskets while the others sat on the floor or stood around, some of them being in an autistic state. Most of the girls pick up their trays of food and whatever utensils they need and feed themselves. One ward houses girls from 12 to 16, although there are also older women there. Most of the girls get along very well and there is considerable conversation and play among them. Records are played throughout the day and many of the girls sing and dance to the music. The aides again had many chores to do and little time to devote to the girls.

Building III houses a heterogenous group of older retarded girls. The building is old and in poor condition. In the day hall there are the usual benches and chairs as well as a large table covered with many plants. On an adjoining porch there are books, magazines and puzzles which the girls do not use very often. The girls have no form of activity in the day hall except a television set, which is on most of the time. The aides take care of the residents' physical needs but little else. One of the children observed was tied to a pole all day. Whenever she was untied she would start to "go on a bat" until she was securely tied. The aides commented that they did not like to tie the girl but that it was necessary to do so. One day the same girl was seen tied to a bench in the breezeway where it was quite cool and windy. The doors to the upstairs ward and day hall are kept locked, the aides said, so the residents would not run away. There are aproximately 35 residents in each of the day halls. The aides upstairs behave the same way as those downstairs. The residents go to the central dining hall for their meals as do the girls in other buildings.

Building IV is an older building which houses older, mostly moderately and mildly retarded girls, many of whom are trainees. During the morning and afternoon there are only seven or eight girls there, although all the girls are back in the building by 11:45 a.m. They either wait inside or outside the building until they walk to the dining hall for lunch. The television was on but it needed to be fixed. One or two watched the television until the picture zig-zagged and they tried to correct the picture by hitting the set. One of the classes in this building was attended by eight students. The teacher had each of them skip, jump and hop one at a time and she marked in a book whether or not they could do it. This went on for a little more than an hour. She then took them down to the gym, where they changed into sneakers and threw around the basketball and practiced shooting.

Building V is a modern facility with up-to-date equipment. It is a one-level, brick structure with four day halls with adjoining halls with adjoining sleeping wards, bathrooms and a play area which is enclosed but not locked. There is a visitors' lounge (which at times is used as a classroom) and an activities room where selected retardates are taken by staff workers for recreation. The dining facility is located in the center-most portion of the building. It accommodates approximately 120 people. The personnel in this building are well oriented to their administative schedules and perform them promptly. Both male and female aides work in Building V and they were observed to constantly complain about low wages, bad working conditions, long hours, and the like. The administration of school programs, activities, and personal needs for the retarded, as well as the retardates themselves, were also severely criticized. The aides assign to trainees the tasks of feeding, dressing, cleaning, and supervising the retardates. Many times the aides do not check the trainees to ensure that these tasks are properly performed. As a result the retardates are often neglected in these specific areas. There were individual instances where aides were observed to use force with the retardates; one male aide, upon entering the ward, began to shout orders very sternly and use physical abuse to command obedience.

Two aides from other wards took about 25 retardates to the ball field located at the southwest corner of the institutional grounds near the pond and played various games with them. There were no toys of any kind, but the aides did organize group games of the "Simon Says" type. Most of the retardates seemed to enjoy the games and, for a moment, at least, the aides interacted freely with the retardates. The activities, however, had to be curtailed due to the change of shift in the afternoon at approximately 3:30 p.m. The aides had the retardates out for about an hour. It was observed that several children attend school on a half-day basis, either in the morning or in the afternoon. It was also noted that of the 15 retardates who were supposed to attend school only eight or ten actually went to class. During the aides' periods of inactivity and relaxation the television was turned off. Only when an aide was interested in a particular program (a favorite was the Dick Van Dyke Show) was the sound turned up to a level of audibility. On one occasion during the observations a cowboy movie was shown in a day hall. Retardates from the other day halls were all gathered together and seated on the floor, on the few chairs, and a few throw mats. In Building V most retardates are self-sufficient to the degree that each stands in line and obtains his own food, which is served by other retardates. When the retardates have finished their meals, they wait for permission to be dismissed, after which they return to their day halls.

Building VI is a one-story, new brick building. Among the facilities is a fenced-in playground in which there are swings and a merry-go-round. There are four day rooms and as many bedrooms adjacent to each day room. The dining room is large enough to feed all retardates simultaneously and food comes in from a central kitchen. Wards for crippled retardates are also found in this building. There is a pool table in this ward which aides and workers use occasionally, although no retardates or trainees were seen using it. Ward D is occupied by teenaged retardates and Ward C by younger retardates. All the doors in this building are usually open until supper time, when all doors leading to the outside are locked. The retardates, however, are not allowed to leave the building without the permission of an aide, although some trainees come and go freely. The trainees keep the building clean and free of unpleasant odors most of the time. Aides of both sexes are found in each ward and, with some exceptions, they sit most of the time and order trainees to do the menial work in the wards, such as cleaning, sweeping, and mopping floors. When there are two or more aides in a ward, they often spend a great deal of time talking to each other. They also read magazines or books or are inactive, issuing commands from their chairs. During meals, some of the aides feed the retardates with the help of trainees. In Ward A, where non-ambulatory retardates are housed, aides sat most of the time, except during meals, clean-ups, or bedtime. In Ward C an aide confined 29 retardates to a small area of the room for about an hour for no apparent reason. In Ward D, an aide hit a retardate hard twice on the body with the snapping end of a towel because the retardate would not sit on the floor as soon as the aide spoke. Commands by aides are often harsh and loud. Residents of Building VI get up at 5:30 a.m. and have breakfast about an hour later. Ward A has all meals brought into the day room and all retardates are fed by aides and trainees. In the crippled ward retardates are placed on the shower room floor and water is played over their bodies to clean them. Two retardates observed in Ward A appeared to be sleeping under showers with water running over their bodies for about half an hour. In Ward A retardates wear shirts and pants, but not shoes. In the other wards retardates do not wear shoes, except when going out. Most retardates are called by their last names. There is a television set in every ward, but the number of retardates who watch it is very small. Music is heard through an intercom in Ward D most of the day.

The hospital of Institution "D" is relatively new and has tile walls and floors. Most of the residents are older and younger females (one is three) and young boys who are non-ambulatory; consequently the furniture in the day hall consists mainly of wheelchairs and low, slant-seated wooden chairs with coasters. These chairs also have wooden sides with holes through which to pass restraining ties, as most of the residents are often in restraint because they are spastic and might otherwise fall out. In the day hall, there is a large, cushion lined sand-box type of table into which some of the small spastic children are placed. There is also a low table similar to this but with no cushioning; an older (but physically rather small) woman was placed in it and spent all her time there. Very often she was covered with soil. The appearance of this ward was one of general cleanliness, for the most part; however on several occasions, there were puddles of urine throughout the day hall and a heavy odor of excrement. The aides were not often present during the observations, even though there seemed to be about three or four on duty. Occasionally they were bathing the residents. It appeared that they never talked, either among themselves or to the residents. The entire ward was silent. During a lunch period, a few aides who were feeding the residents talked to them in a monotonous dull tone as they almost mechanically fed them. One young aide appeared to take a genuine interest in the residents. When feeding them, she would speak kindly and be very patient with them. The trainees helped to feed the children. Some did well, but others were very rough and would shovel the food down without giving the spastic children a chance to swallow. It was their job to clean up soil whether on the floor or beds, and also to scrub windows and floors.

A Day At Institution "D"

5:30 a.m.	The aides begin to awaken the retardates.
5:45	The retardates are brought to the day room from the bedroom by aides and trainees and begin to get ready for breakfast.
6:00	The aides awaken the children at different times and the trainees and older children help most of them get dressed.
6:24	An aide gives milk to some of the children and chats pleasantly with them as breakfast comes in.
6:30	The children sit in the day hall after they have been to the bathroom and have been changed. At 6:50 the aide comes out with shoes and several children help put them on others.
6:54	An aide and two trainees feed the retardates individually. The aide gives some of the children second helpings. After the trainees finish in the kitchen, they come in to help feed the children; ultimately there are nine trainees engaged in feeding the children.
7:00	The children wait in the day hall until everyone is dressed and has his shoes on, then they go to the dining hall.
7:30	When the children come back from the dining hall, some go to the bathroom and others to the day hall.
8:54	Day room: There are no toys or activity for the retardates, who are teenagers and adults. Seven benches are the only facilities provided for the retardates. The aides sit and do not interact with them; rather they converse with each other while most of the retardates

sit, doing nothing. The room has a heavy foul odor, but it appears to be clean. The trainees perform clean-up tasks assigned by the aides.

9:24 Day room: Music is played over a loudspeaker in the room. Aides sit most of the time, issuing commands. Retardates sit or walk around the room. A barber comes in to shave a few retardates.

9:54 Day room: An aide shaves some of the retardates with an electric razor. The rest of the time aides sit and interact among themselves.

10:54 Day room: The room smells badly. The aides sit most of the time and issue commands. A few retardates have shirts on, the rest wear pants only. No retardates wear shoes in this ward.

11:24 Day room: There is urine on the day room floor. Most retardates sit, while the aides sit and intereact among themselves. Aides and trainees walk retardates to the dining room.

11:54 Day room: A trainee cleans the room while retardates wait in one quarter of the room, sitting on benches and on the floor. An aide issues commands and hits some retardates with a restraining strap. Many retardates are crying, several are naked. One retardate slapped himself on the face and hit his head violently against the wall. An aide did not interfere with him, although a trainee told him to stop it.

1:34 p.m. Bath: The aides sit and issue commands. Most retardates sit on benches or on the floor. An aide orders them to sit on the floor. There is no television, music, or toys for the retardates. Trainees take them to the toilet.

2:04 Day room: A trainee plays with a retardate. There is no interaction between aides and retardates.

2:34 Day room: The trainee help some of the retardates with their baths. There is no television; no toys or activity. Most retardates sit on benches or the tile floor. The room smells badly due to urine puddles on the floor.

3:24 Day room: Aides interact among themselves and issue commands. Later, benches are arranged to keep the retardates in a small area of the room while the ward is cleaned.

3:54 Day room: A table is set up in the room for the retardates to eat. One boy is naked while he eats. Other retardates are fed in the day room by trainees while seated on benches. Aides issue commands and help some retardates to eat.

4:24 Day room: Retardates are back in the day room. A trainee cleans the room.

4:54 An aide arranges several wheelchairs around the the television set. Four children seem to watch it intermittently. There is no activity or toys. An aide walks around wiping the retardates' faces and talking to them.

5:24 A trainee passes around cookies to the children. Most of the time the aide sits and talks to some of the retardates. Three trainees and four retardates watch television.

6:24 Aides and trainees undress the children, putting nightshirts on them and taking them to bed. Several are already in bed. Some retardates are tied to their beds with cloth ropes. A new aide and a trainee seem to be pulling some of the ropes too tightly around the retardates' stomachs.

6:54 Aides and trainees are busy putting children to bed and tying some of the retardates to their beds.

7:24 Six trainees helped the two aides with the work, doing most of the dirty jobs. Most of the younger retardates are in bed. The aides and trainees are preparing to clean up the day room.

7:54 While trainees cleaned the day room and the bathroom, the aides played with some of the children before the lights were turned out at 7:30 p.m.

8:24 The trainees, some children and the aide sat and watched television. Most of the older children are now in bed, others are ordered by an aide to go to the bathroom and then to bed.

INSTITUTION "E"

"E" is a small institution for some 230 retardates of both sexes, including approximately 43 trainees. The residents range in age from infancy to the twenties, although most of the latter are trainees, as the majority of residents are younger than 20. Older retardates are placed in wards according to sex and functional level, while the younger children share wards and are not segregated by sex.

On nice days children can be seen in the several playgrounds, or going on buses to nearby community facilities. This freedom of activity does not seem to be a chance occurrence. The retardates are taught during their daily routines to perform those tasks which will make them as independent and free-moving as possible.

The tasks range from getting dressed and making beds, to eating, washing, toileting, working, and playing. The children perform these tasks in the presence of interested persons who, with patience and care, help these children when and where they need it.

The children receive well prepared and well balanced meals. The same food is served to trainees, staff, and employees. The retardates' clothing is more than adequate. New T-shirts and shorts are provided both by the institution and the communities surrounding "E" in the form of donations.

The shelter provided by the institution is an older building. constructed around 1934. The buildings and grounds all show signs of continual care. Wards are dormitory style, housing approximately 35 children per ward, with the exception of the ward for severely retarded boys, Ward V, which sleeps only ten. The retardates go to bed as late as 9:30 p.m. and are allowed to sleep until 6:30 a.m. or later with the exception of those in Ward V, who go to bed from 8:00 to 9:30 p.m. and arise between 5:00 and 5:30 a.m.

During the greater part of the daylight hours few retarded remain in the ward areas. This fact has a very definite effect upon the aides' activities, which reach a high point during early morning hours when the retardates awake and are prepared for the day's activities. Meal hours are spent feeding children who cannot feed themselves. In some wards, such as Ward VI, which houses more than 20 infants, all children are fed personally by aides or trainees. In other wards, such as V, the aides personally feed only two or three retardates, as the others can feed themselves. In Ward II and in another facility on the second floor the retardates are assisted in accordance with their needs and abilities.

There are at least two aides in each ward or an aide and one or more trainees, activity personnel, or foster grandparents. The "grandparents" program is a technique which employs retired, older women (no men were observed) who perform various functions ranging from seving as companions to the retardates, to assisting aides in such tasks as feeding, supervising, and washing the children. Since the great majority of the retardates spend their days engaged in activity programs outside the ward, the aides need only supervise the minority that is left in the wards. In order to accomplish housekeeping tasks and the like, some assistance is rendered by trainees, other aides, and "grandparent" workers. The aides' work hours are utilized to the fullest in a variety of jobs. In turn, the aides used their time constructively and were active in most situations observed.

The tasks involving personal interactions are completed with a genuine interest in the welfare of the children. Affection is a frequent companion to numerous activities involving perfunctory jobs of daily routine. It was noted that while the aides are afforded many opportunities to avoid work (i.e., to cut corners and still "perform within the limits of the law"), they were observed, for example, to take exactly ten minutes for coffee breaks, exactly 45 minutes for lunch and supper. In general, the aides are not strictly supervised.

The main building is a four-story brick structure, about 30 years old. The whole building is well ventilated and there are fenced-in terraces outside of several day rooms. Except for the younger children, the older girls' wards are on one side of the building and the older boys' ward on the other, on the same floor. On the first floor there is a large kitchen, a dining room for the retardates and a dining room for trainees and staff (who eat together, but with the trainees confined to the front half of the room and staff to the back half). Meals are served cafeteria style to retardates and staff alike. Most children are trained to stand in line to get their food trays and to empty their dishes in a garbage container before leaving the room. Music is played during meals and is often heard over the intercom in the children's dining room. They usually eat in two shifts, as the dining room is not large enough to accommodate them all at once.

The second and third floors contain wards for the retardates with the exception of a small classroom and a recreation lobby located on the second floor. The fourth floor contains offices. Four classrooms in the building are decorated with children's pictures (lambs, bears, and the like) and an adequate amount of crayons, papers and playthings is used for classes, which are conducted similar to those at the kindergarten level.

There is a recreation lobby on the second floor where retardates from Ward IV seem to enjoy spending their leisure hours, listening to popular music and playing cards with recreation workers. There is a fenced terrace outside the recreation room and the door is to it usually left open. Terraces are also found outside Ward V and other wards. Profoundly retarded children from Ward V are told when they may go out to their open terrace, while those from Ward VI have full access to theirs and retardates from Ward III are sometimes left to come and go out on outside walks at will.

Television sets are in each day room as well as in some of the bedrooms. Play materials are adequate in the recreation room and in the day rooms, with the exception of the wards for the profoundly retarded of either sex, where only some toys are found. However, outside activities, involving even some of the profoundly retarded, are numerous during the summer.

The bedrooms for female children as well as the youngest children are colorful and well decorated with many stuffed animals on the beds, etc. Ward VI houses more than 20 infants on the third floor, including several crib cases for very young male and female retardates. Few toys are found in this relatively colorless room.

A large open playground in front of the building contains an adequate number of colorful toys for children. Another open playground is located on the left side of the building; it contains more children's toys, picnic tables and benches, and two live animals, a goat and a lamb, in a fenced enclosure. Elsewhere on the grounds there is a basketball court and a vast sandy beach used by retardates, trainees, staff and volunteer workers in the summer

The aides are mostly women, although some men work in the wards for teenage boys. The aides encourage the retardates to do most things by themselves and keep their personal night tables and lockers in order. In Ward VI, which houses older boys, most of the retardates dress and groom themselves, as well as make their own beds and keep their belongings in order. Most retardates are fully clothed and go down to the dining room for their meals (in Ward V, however, retardates go down to the dining room for breakfast only) the other two meals are brought up to the day rooms, where they are served by aides and trainees on three tables with tablecloths. Profoundly retarded and younger children eat with spoons only Most of the rest of the children eat with a full set of tableware.

Instances of corporal punishment by aides were few and for one very obvious reason: a child who slaps an aide is slapped right back by the aide. Aides were seen playing with the children, talking to them and teaching them to do things themselves. There were exceptions: in Ward V aides were observed to interact mainly among themselves, watching television and in general doing relatively little for the retardates. Aides in other wards were at times seen watching television or loafing for half an hour or more. Generally speaking, however, the aides appeared to be helpful to the children. The supervision of ward activities is handled primarily by aides, with trainees doing most of the cleaning and other odd jobs. There are several salaried trainees of both sexes working in the wards, kitchen and grounds. They seem to have limited authority over the retardates.

Most of the retardates at "E" are transported by bus to one of three outside schools. Younger children, however, attend kindergarten level classes at the institution. In one class, a music teacher was observed conducting a rehearsal of "Jack and the Beanstalk" with 15 children. In another class, children were taught basic aspects of personal hygiene. A nearby junior high school holds three special classes for the retarded from "E". Children attending these classes are at a more advanced level of education, learning to read and write, etc. Out of 10 or 12 children in Ward V, only one goes to classes in the building.

Another facility of "E" is a two story, brick building on the grounds of a chronic disease hospital. The building was ceded to "E" for caring for some of the profoundly retarded children; it is clean, well lighted and adequately ventilated. The rooms and halls are decorated with colorful childrens' motifs, as are those rooms at "E" which have been assigned to the younger retardates. At present there are 41 children residing in this building. The 20 children living on the first floor are mostly non-ambulatory and are fed by aides, with the exception of three children who have learned to eat with spoons. The 21 retardates on the second floor move around by themselves and are taken out to the playground more often than those on the first floor. A fenced playground next to the building contains colorful and diverse toys. The second floor day room is smaller than the one downstairs, but it contains more toys. The dining room is next to the day room and the food comes to this building from a central kitchen. The dining room has small tables and chairs for the children, who feed themselves from food trays given to them by aides.

There are usually several aides, most of whom are women, on duty, although the downstairs day room is often supervised by one aide only. Children are taken to the bathroom regularly by aides and the majority of them appear to be toilet trained. The aides take the retardates out to play in the yard and also to a recreation room in the basement, which is equipped with toys. During meals, the aides were very active, supervising and cleaning children and teaching many of them to hold a spoon, and other rudimentary tasks.

Several male and female trainees are transported daily by bus from "E" to work in this building, cleaning, making beds, etc. Residents of this building are of both sexes, and mostly youngsters, although day room and other activities are not segregated by sex. Toys are in evidence in most areas of the building as well as in the playground, and each of the day rooms in this building offers a television set, although the retardates do not watch it. None of these children go to school, and no classes were seen in the building.

A Day At Institution "E"

5:30 a.m. The aides have been doing paper work in the office and promptly at 5:30 begin waking up the retardates one at a time. By 6:00 all are awake and have been washed.

6:24 The retardates are led by an aide to the day hall where they sit on chairs around the perimeter of the room.

The retardates' shoes are tied in pairs and placed in a corner of the room. The door to the room is shut and locked.

6:54 An aide sits in an alcove immediately outside the room doing various odd jobs such as arranging paper work and records. The retardates are still sitting in chairs and waiting for some activity to begin.

7:00 The retardates are taken in a group by two aides and allowed to shower. Then they wait for the group to get dressed and return to the day hall.

7:54 Some of the retardates are watching television, while others are waiting for breakfast, playing with toys or sitting in chairs.

9:34 Ward V: The television is turned on, but only a few retardates watch it. There are also some balls in the room. An aide plays with a few children; however, due to cloudy weather, children who ordinarily go cannot join their "work party." One child is sad because of this, according to the aide.

10:00 Ward V: The aide chats with a few children. Most of them are inactive, but a few watch television.

10:34 The toys are put away and tables are prepared for lunch. While the children wait at the tables, the television is turned on. A trainee circulates among the retardates, tying on bibs.

11:04 Ward V: A trainee feeds one child while the rest of the children feed themselves. The television is left on while the aides serve the food on trays.

12:04 p.m. Dining Room: Music is being played while the children eat lunch. The aides serve food cafeteria style to most of the children while another aide feeds a few children who cannot feed themselves. Aides supervise the meal.

4:14 Dining Room: The retardates eat their meals without music this time and, as a result, the dining room is noisy.

4:44 Ward III: Several children are watching a cartoon on television and some are playing with toys. A recreation worker is playing with one child.

5:08 Ward III: About ten children are watching television. Activity supervisors are talking to some of the children.

6:09 Ward III: Several children are given candy by recreation workers while out for a walk around the grounds. In the day room retardates are running around without any specific direction. The television is on, but no one is watching it.

6:39 Front Playground: The children play for a while in a fenced playground, then are taken by two activity workers to the front playground.

7:09 Playground: The children seem to enjoy the playground activity, playing with each other, running around, etc. Activity workers are playing with some children.

7:39 Ward II: "Batman" is on television. Many children look forward to seeing this show and almost all watch it.

8:09 Bedroom: Some children are playing. The television is on, but no one is watching it. The aides are taking the retardates to the bathroom a few at a time. All of the children are in their pajamas and ready to go to bed.

8:39 Bedroom: The lights have been turned out. The children say their prayers, led by an aide, and then get into bed. Before the lights went out the children played with each other and with a few toys and watched television. The aide didn't seem to mind having the children playing all over the bedroom.

INSTITUTION "F"

Institution "F" is a state training school for the mentally retarded. It has few playgrounds and few toys or ways of amusing its residents, although movies are shown once every other week in the auditorium. A minimal number of children is seen outside of the buildings, even on warmer days. Indoor activities include gym classes, manual crafts classes, and instruction in mechanics and other manual skills.

There are usually two or three aides, all of whom are women, assigned to each building. They were observed to be efficient and to take the time to teach the retardates to be self-reliant. However, female trainees were seen to take it upon themselves to administer punishment to children when the situation did not seem to call for it. On the other hand, the large number of trainees in every building ensures that the rooms are kept clean and free of unpleasant odors. Before every meal the residents are taken to the dining room and made to sit and wait for about an hour. The aides find it easier to control the children this way, and, once in the dining room the trainees take over the supervision of all children.

Building I: The basement day hall is an old brick structure with bars on all windows. All the doors are locked, including the outside front door, which is unlocked by an attendant in answer to the doorbell. The basement day hall accommodates approximately 65 occupants and is rather dark since little light comes through the screened and barred windows; the only illumination is provided by a light bulb with a small, frosted translucent covering over it. A bathroom adjoins the day hall and is accessible to the residents who may, for example, get a drink from the sink faucet. The day hall furniture consists of two large tables, three benches, and two chairs. The toys are limited to a few dolls, a bell, and a string of beads.

The residents were observed to be crowded into this room. They ranged from very small girls to middle-aged women, and were either aimlessly milling around, or interacting with each other, or else sitting on the benches; most, however, were sitting on the floor. There was a great deal of shrieking profanity. When a worker entered, a group of retardates immediately approached her and remained until she left. During the entire time the worker was not seen to interact at all with the retardates.

The dining room has bright and attractive painted walls. The children enter and sit down to the tables, which have already been set up, while trainees and aides serve the food to each table. The residents feed themselves neatly and need not be bibbed; they pass up their dishes when finished, leaving a clean table. The dining room is comparatively quiet and the aides were seen to be present more often in the dining room than in the day hall.

Building II houses older girls, mostly over 16, who display higher intelligence than most residents of Institution "F". A great many of the girls go out to work either on the grounds, in other buildings, in staff homes, and in private homes outside of the institution. Girls who qualify go to Charm School (which is conducted by a volunteer) in which they are taught etiquette, personal hygiene and grooming, and handcraft. They take field trips to fashion shows, and clothing and dry goods shops, in which they choose their own patterns and purchase their own material. Girls who display the initiative are responsible for cleaning and maintaining their living quarters as well as the preparation and serving of the food. The few girls who are unwilling or unable to participate are not forced to do so. Some of the girls work as classroom assistants, or help feed the custodial cases and babies in the infirmary, or look after children in the nursery building. When they leave the building in this manner the girls are said to be "out on probation." The girls keep their personal belongings either locked or unlocked, as they choose, and are responsible for keeping these things together. Many residents of Building II iron their own clothes, although the matron on duty during the first shift and the charge aide are responsible for certain paper work as well as the laundry.

Building III is in poor physical condition. The walls of the day room are filthy and about one-third of the tiles are missing from the floor. But the rooms are kept clean by some nine trainees and there are no unpleasant odors. Most of the residents are teenagers, although there are several smaller children in this building. The dining room arrangements are the same as in other buildings and all residents of this building are toilet trained and can feed themselves; most can also dress themselves. Most of the aides are men, although two female aides work in this building for a few hours in the morning until the men arrive in the late afternoon. With the exception of one male aide, the others were not punitive to retardates. Aside from school and other activities that may take these children outside the building, very little is done to amuse them; a television set is their sole source of entertainment. Some homosexual activities were observed and aides were seen by workers scolding some of the retardates because of it.

Building IV is an older structure, also in poor condition, which houses 106 moderately to profoundly retarded females between the ages of 12 and 25. Most of the residents get up at 6:00 a.m. except those referred to as the "real low grades," who get up at 6:15. The girls then pick up their bundles of clothing in the day hall, where those who cannot dress themselves are dressed by their peers. They wait in the day hall until 7:00 a.m., when they go down to the basement to the dining hall for breakfast. More than ten girls were observed to come to breakfast some 20 minutes late, although some did not come down at all, yet the aides did not scold them. After breakfast the Catholic girls stayed and said their prayers. After that they went upstairs and washed their faces and brushed their teeth and had deodorant applied by an aide. The school girls then waited to be taken to go out to school, while the other girls stayed in the day hall, many watching television.

Approximately 45 girls go downstairs at 9:00 a.m. to a special school class run by a woman who used to be a school runner. She noted that the girls get very upset if she tries to hurry them along or help them in some of their activities. She has the girls identify objects they come in contact with and tell their purpose. The girls color, do puzzles, work with blocks, etc. They have a snack in the morning consisting of a candy bar, lollipop, peanut butter sandwich or cookie, and some diluted fruit punch. She has taught the girls to use a napkin and not to place food on the table without something under it, as well as to wait until all the girls are served. On nice days she takes the girls out for a half-hour to three-quarter-hour walk before they return upstairs at 11:30. The girls return to class at 1:00 p.m. There is an afternoon snack period also, after which the girls play games, such as bingo and musical chairs.

in which the winner or, in some cases the loser, wins a prize; the teacher makes sure each girl wins a prize and then as she receives her prize the teacher gives her a hug. The teacher said that when the class first began there were only ten girls and she would have them do exercises to release their excess energy; in time, she expanded the curriculum as the number of girls increased and gave them special attention. At the time of observation she still had six more girls to bring into the class, one of whom is completely autistic and lies on the floor and sucks a string, and another who is a deaf mute. This teacher has the complete attention of all the girls, even those who, while upstairs, rock or display other autistic betic behavior. This was not observed to be the case with other teachers (except the gym teacher) who played with the girls. When the special class teacher affectionately teased them, the girls teased her in return. She never left them in the morning or the afternoon without some special word, hug, or sign of affection.

The girls who remain upstairs are either autistic or otherwise inactive. The television set is always turned on, but only a few girls watch it. There is no program of activities for them during the day. The aides have little time to devote to the girls because of the demands of their numerous chores but, when they do, it is always a positive type of interaction, even when they have to reprimand one of the girls.

Supper is served at 5:00 p.m., after which the girls go to the day hall to watch television, talk, play, or sit. They may go to their bedrooms at any time. Girls in the lower grades go to bed around 7:00 p.m. and the others go to bed at various times up to 10:00 p.m.

Building V, and most of the other "cottages," consist of a basement and two above-ground floors. The windows are heavily barred and the interior of the building is in need of repair. Furnishings are kept to a bare minimum and the only functional piece of furniture is the television set, which is enclosed in a heavily screened cage to protect it from damage. The residents, who are mostly older men, spend most of their time in the day room. To the immediate right of the entrance to Building V is an employees' lounge, which is the best kept room in the building. It is bright, clean, and well arranged with cushioned chairs and a heating plate for the coffee pot. The room is used for coffee breaks, discussions, lunches, and between shift changes. The room is locked at all times.

Building VI is a three-story brick building housing adult or teen-age retardates, most of whom are toilet trained. The doors leading to the outside are always kept locked, although the inside doors are usually left open. This building is kept clean by the trainees and any unpleasant odors come from the retardates themselves, not from the building. The dining room is large enough to accommodate all the retardates at one sitting. The food comes from a central kitchen and is served restaurant style by approximately 12 trainees. There are two female aides in this building, the rest are men. The building matron appears to enjoy her job and the rest of the aides seem to treat the retardates fairly, although not much is offered in terms of activity or toys within the building. This is particularly true of the lower day room, where the only source of amusement is a television set. Residents go to a movie in the school auditorium once every other week and occasionally they may go out for a walk. Only two retardates from Building VI go to school, although the rest go to one-hour gym classes once a week. Several retardates were observed kissing and hugging each other, to which the aides did not object.

Building VII is the nursery for 36 young girls who have not started menstruating. It consists of two day halls, one for younger girls, one for older girls, with a common dining hall in the middle. About half of the older girls go to school every day, while eight girls go to special classes for an hour and a half two or three times a week. In both day halls the television set is recessed and there is a window-like covering with a padlock on it. There are many small toys in both day halls, which the girls play with together. They also sing together and, in general, seem to get along very well. There is usually one aide in the day hall and when she is not doing her chores, she sits and watches the girls, issuing a few commands.

The girls are awakened at 6:00 a.m. and those who go to school get dressed before breakfast, while the others remain in their pajamas until after breakfast. On one occasion the aides suggested that the girls sing to pass the time before breakfast. About half of the children sang while an aide passed out candy. Later, some of the children were fed by an aide or by a trainee, although most fed themselves. Lunch is served at 12:00 noon and supper at 5:00 p.m. After supper the younger girls were "tripped" to the toilet and made to sit on the "hopper" (commode). While the girls were on the "hopper," the aide washed them and then sent them to the bedroom. Three of the older girls in the building put on the younger girls' pajamas and put them into bed. The charge aide put vaseline on the girls' faces while they were in bed. The aides have many chores to do and are, thus, not able to devote much time to the girls, although they were observed to be pleasant and cooperative.

The infirmary is for terminal cases or for those retardates permanently disabled through cerebral palsy, birth defects, and the like. Many have diseases such as cellulitis erisypelas, tuberculosis, and cancer, thus it would seem that the infirmary fulfills a partial function as a hospital. At least two isolation rooms are used for patients with contagious diseases, as well as for new admittances who are isolated for a week until their examinations have been completed. Hospital equipment, as well as trained personnel, appeared limited. An elderly patient was observed receiving saline intravenous feeding on one of the many hospital roll-up type beds which are occupied by older patients. Few totally custodial cases were observed.

A Day At Institution "F"

6:00 a.m. The retardates are awakened by an aide turning on the light and issuing a command to get up. The trainees who are awake dress quickly and then supervise the dressing of retardates who cannot perform such tasks.

7:00 The retardates are lined up in the basement day hall and wait for trainees to bring food from the kitchen to the dining hall.

7:30 When breakfast is over, the retardates are free to leave the table and go into the basement day hall where they wait for the next routine function. The television is not turned on until 9:00. No aides are in the room. The children leave the dining room one at a time and are washed up by an aide, then put in the day hall, several with no clothes on.

8:00 No aides were in the room during the observation period. One trainee voluntarily began to sing and lead others in singing songs such as "Home on the Range," "Brown Eyes," "On Top of Old Smokie," etc. The retardates enjoy singing, as evidenced by their smiles and enthusiasm. The trainee is about 30 years old, carries a good melody, and is very understandable. The day room is not well lighted.

9:00 A group of retardates in the day hall is watching a cartoon show on television. Approximately half of the children sit on benches, the rest sit on the floor.

9:30 In one of the school classrooms the teacher walks from one workbench to another, giving instruction in the use of the saw and other woodworking tools.

10:00 Following the manual crafts class, the teacher asks the children to put away the tools and materials which they have been using.

10:30 The retardates in the day hall are still watching television. When they become noisy, the aide threatens to turn off the television. At this time the staff doctor is in an adjoining office to see some of the retardates.

11:00 The children are watching news of a rocket launching on television. There are no aides in the room. The retardates are taken into the dining room about 11:15 to have dinner. They primarily use spoons, as well as dishes and cups made of "unbreakable" plastic.

11:30 One aide supervises the entire lunch. A period of silence is maintained before the children begin to sing grace before meals. The words are not at all intelligible. Trainees serve food to the children who are seated about 20 to a table and are separated according to their need for diet supervision and ability to feed themselves and always eat after the others have been fed or given their food.

12:00 No aides were in the room during the observations. The television is on but the retardates sit around doing very little.

12:30 p.m. Most of the retardates are still watching television, while the others sit around and do very little.

1:30 The aides bring in coloring books, crayon and paper. Approximately 35 children are then separated into groups of 12, with one group being given coloring books and shown how to color. This is not always necessary because most of the retardates can color independently. On occasion, the aides direct choices of color and show retardates how to color. Another group is being amused by records played on a new stereo phonograph. The tunes are popular music to which the children do the twist and sing in accompaniment. The third group of retardates is lined up behind one side who leads them in marching around the room in step to the music. With all the activity in the room, the sun shining in the windows and the warmth of the day it becomes very hot in the room and the attendant is very prompt to open a window and door to allow ventilation and proper temperature to be restored to the room. At the end of this exercise period, the retardates are allowed to rest for a while.

2:00 In the first floor day hall, the retardates are still coloring and listening to music. The marching has stopped, but the retardates are still dancing to music. One aide made a point of staying in the room at all times. All the retardates seem to be occupied in one activity or another.

2:30 The marching music and marching around the room has begun again. The aide is watching the retardates as they march and keeps the ones who want to drop out quickly on the go. The retardates join hands while marching and appear to enjoy this exercise.

3:00 In the basement day hall "The Three Stooges" show is on television. More children gather around the set to watch and are obviously interested in this particular program. The room is hot and smells badly. Some retardates are upstairs taking showers on their own.

3:30 The children return from the school building, put away their coats, and begin to play in the day hall. Most retardates are of a group that continually occupies the first floor day hall.

4:00 The television is on in the basement day hall. The children are watching a comedy show while the aide walks around the room, saying and doing nothing.

5:00 Most of the children are still watching television while the aide issues commands to a few noisy retardates.

5:30 The aides and ten trainees bring a group of retardates to the dining room, where most manage to feed themselves.

6:00 After supper the aides take the children back to the ward to be showered and dressed in night shirts.

7:30 The retardates are "lounging" on their beds or moving around the ward. The aides come and go, doing various chores.

8:00 The retardates are sitting on their beds in the ward on the first floor and it is noted that many of them are engaging in masturbation. The aide comes and goes out of the room, doing various tasks. When most of the children become inactive or are asleep, an aide comes into the room, covers them up, and turns off the lights.

8:30 The retardates are sitting on their beds, becoming very inactive. At 9:00 p.m. an aide shuts off the rest of the lights.

NOTE: Although the lights in this ward have been shut off, there are still other retardates who sleep here who are in the adjacent day hall watching television. Most of them are older and are trainees or chore workers, and staying up late is one of the added privileges extended to trainees and chore workers.

APPENDIX II: Anecdotes

The following anecdotes were garnered from the many pages of detailed notes submitted by the observation teams which visited each of the six institutions considered in this study. The anecdotes are appended to the report to amplify certain points mentioned in the abstracts of each institution and to reflect various conditions in the institutions. All of the material presented herein has been minimally edited to preserve as much of the flavor of the original observations.

METHODS OF TRAINING

After one retardate had been hit several times by a companion, he, in turn, hit another retardate in the face, dragged him on the floor, and bit him on the face, inflicting a cut over his eye. The first (boy) then began biting himself. The aide was out in the day hall at the time but when she came in and saw the second child's eye bleeding, she verbally reprimanded the boy who had not been involved at all, then jerked him out of the hall and into the day hall.

After breakfast the retardates went to the bathroom to be cleaned up and to have their teeth brushed by an aide. After being cleaned, they were dressed by another aide and a trainee in the coat room. A trainee slapped a retardate on the face and body because he had hit another child. The aide was standing next to the trainee but did not interfere.

When the television set was shut off during one observation, one particular child went into a temper tantrum and the aides were unable to pacify him. They tried everything short of physical punishment. The boy screamed through chairs, cried, banged windows; after the aides realized they could do nothing with him, they ignored him.

In the dining room an extreme case of runny nose went unchecked by the aides. One boy began to eat with a spoon, then used his hands and ended up spilling the cereal onto the floor and eating it off it. The aides did not interfere.

One aide was observed to have weak control over the retardates. He watched while one or two children picked on one and punched, pinched and kicked him.

A definite system of status was observed within one group. There were sharp delineations in reference to the "lower grades," "higher grades," and trainees. This status arrangement was freely indulged in by the trainees and "higher grades," both by taking advantage of special privileges offered by aides and by taking advantage of the trainee position and authority to acquire new and extra advantages. The aides and charges also used this status system as a coercive force to maintain order and discipline. Threats that a particular "higher" grade retardate would be placed in the "lower" grade ward or day hall was often used for this purpose. The system of reprisals did have its desired effect, compliance with the order of routine.

One aide was overheard scolding a girl and telling her the pimples on her face were a sign of her "badness."

Almost all of the residents of one ward observed are low grades and physically disabled. A small Mongoloid, who apparently fits into neither of these categories, is more intelligent and ambulatory. She has constantly been restraining, hitting, poking, scolding and generally harassing an autistic little girl. She kept her under a table and locked in by a chair. It was later learned that the Mongoloid is in this ward because she has a severe cardiac condition and there is less excitement and activity in this ward than in the other buildings.

During a lengthy observation, one retarded boy was seen to throw another child over a wooden lawn chair. As a result the second child suffered injuries to his nose and mouth, both of which bled profusely. Three aides were present at the time and it was some minutes before one of them broke away from a conversation to attend to the injured boy. Some time later, the same boy who initiated the earlier incident threw a running body-block at another retardate. This resulted in the second child being thrown to the floor and hitting his head. Although two aides were present, neither one made any attempt to stop the aggressive actions of the first boy, or to attend to any injuries which the second boy may have suffered. After a third attack, however, the first boy received a sound spanking on the buttocks by one of the female aides. During the course of the observation it was learned that this boy received many severe beatings for what were often minor forms of disobedience: failing to sit in an assigned chair, failing to move away from a window when so directed, failure to pick up his feet, failure to keep quiet, and so forth. It was learned that any deviation from these commands resulted in slappings or beatings for this boy.

In a cerebral palsy ward one aide was observed scolding a retardate and paddling him hard on the arms, legs and buttocks. When the observer walked in, the aide stopped hitting the child and made a number of excuses for administering corporal punishment. She said the retardate made a point of not drinking his milk while in the dining room, and that she was determined to "force" him to drink as long as he was in her charge.

One aide frequently swore at the retardates. This aide was also observed collaring a retardate who had gone out of the day room and hitting him on the back three or four times with an open hand. During this administration of corporal punishment the aide called the retardate a "dirty son of a bitch," among other epithets. At the same time another retardate came over and hit the first child with closed fists, to which the aide said nothing. Another aide in the same ward was observed restraining the retardates and ordering them to be quiet so that he could chat with a HIP worker.

Retardates were observed running unchecked in a day hall. In an effort to keep them together the aide made them sit within a square of chairs. Children who left the square were soundly struck on the head or face with a long heavy woven belt which the aide looped together.

One aide held 37 retardates in restraint for no apparent reason during a half hour period. The retardates were not allowed to leave their seats or to speak above a whisper. If a retardate left his seat, the aide would strike him with an open hand on the backside. Most of the retardates appeared to be afraid of this aide, as evidenced by their entire and prompt obedience to his commands.

The retardates in one ward appeared to be plainly afraid of the aides, most of whom were men. The retardates were observed to withdraw even when the aides approached in their direction.

A boy in one ward was observed to grab a female aide by the breasts and slap her. She hit him hard with an open hand and kicked him in the buttocks.

In a day hall the aide made one girl sit in a chair during the observation period. Every time the girl tried to get up, the aide would holler: "Sit down before you fall." This upset the girl who, in turn, loudly complained that another girl had received two aprons for lunch. The aide paid no attention to her. After the first aide had left the room and was replaced by a second aide, the girl began crying. When asked by the second aide why she was crying, the girl brought up the apron incident again, to which the aide responded by making a child (who had nothing to do with the incident, but who happened to be sitting near the girl) apologize. The second child was totally bewildered by the proceedings, and obliged by hugging and consoling the first girl, even though she was blameless.

Following a change in shifts, an oncoming aide tied several retardates to benches at which they were later fed by trainees. Another aide walked by a retardate who was whining. When he failed to obey the aide's order to keep quiet, the aide kicked him in the leg. Many of the retardates in this ward are without shirts or shoes; some are completely naked.

While bringing a group of retardates to the dining hall, a trainee slapped a retardate in front of the aide. The aide said nothing and the trainee continued to lead the group, hollering at those stepping out of line. The trainee was about to slap another retardate when she spotted the observer and then began to be overly kind to the retardate. This trainee is physically quite big and it was noted that the aides avoid antagonizing her.

After breakfast the retardates went to the bathroom to be cleaned by an aide with a wet soapy towel. They were later dressed by an aide and a trainee. The trainee hit one of the retardates on the face because he had hit another retardate. The aide was standing next to the trainee, but said nothing.

Two trainees took a retardate into another room and slapped him on the face and body for no apparent reason. The trainees stopped this when they realized that the observer was watching. They claimed the retardate was crying for no reason at all.

A retardate was made to stand in a corner as punishment. Two trainees hit him on the arms and body with their open hands for no apparent reason. The aides stood nearby, but were busy issuing commands.

Aides and recreation workers were busy supervising lunch. All of the retardates helped themselves, although aides circulated among them to cut their meat. A recreation worker pulled the hair of a girl who disobeyed her.

A trainee slapped a retardate on the face several times because she was screaming. Later the trainee turned on a radio and this seemed to have had a soothing effect on the day hall residents.

A trainee was scolded by an aide for hitting a retardate. The trainee replied that she only hit the other retardates if they "deserved" to be hit.

A group of retardates was observed interacting freely — and noisily — in a day room. The aide appears to have no control over the group and continuously made excuses to the observer for the children's behavior. The aide showed great anxiety until she was relieved during the change of shifts. Her replacement, a male aide, exercised great control over the group. He turned the television off until the noise stopped and then barked a series of orders, interspersed with exclamations of "Shut up!" and "Sit down!"

When one retardate persisted in spitting on the floor and on other retardates, the aide made him get down on the floor on "all fours." He was later made to clean up the mess he had made.

One trainee wielded a large wooden hammer to threaten the retardates. She would order the retardates to be quiet and then slam the hammer on the table to get their attention.

While an aide had her lunch, she placed the retardates in her care in another day room with another group of children. Many retardates ran around in the room, although two were seen to have their hands tied behind their backs as punishment for hitting other retardates. Twice retardates struck other retardates and in both instances the aides were quick to step in.

Trainees and an aide were lining up the residents of a day hall who were to be "tripped" to the toilet. One retardate kicked another while commanding him to get in line. The aide told this boy to stop kicking the other boy, but he continued to kick.

Smaller retardates were noted to take punishment from bigger retardates in one day hall. One trainee was observed to hit a smaller boy with his closed fists. This was in full view of the aide, who did nothing to discourage it.

In one ward an aide walked in and out of the room frequently, issuing commands and talking to some of the retardates. One child watched television, but the others sat on the floor, doing nothing. At length, one child bit himself on the arm, at which the aide came over to him, put some medicine on the sore area, and told the child not to do that again.

In the rear of one bedroom a jail-type room was observed. This room is locked and barred, and is frequently used to punish retardates, who are locked in the "cell" for hours at a time. During the observation period it was seldom empty.

INCIDENTS OF DAILY ROUTINE

An aide was observed playing a game of cards with a group of retardates. The aide joked with the residents of the ward and tried to get more youngsters involved in the game. Some time later the aide gave his hand of cards to a child new to the ward. With this, one of the other residents told the aide that the new child did not know how to play their particular game of cards, to which the aide replied: "He has to learn sometime."

A hierarchy of status was observed among a group comprised of retardates of vastly differing ages. The retardates who display the greatest development — physical, mental, and chronological — appear to enjoy the highest status. The aides grant them more privileges, give them greater freedom of movement, and allow them a certain authority over retardates of "lower" abilities.

Several aides were observed sitting in a day room, grooming the hair of some female retardates while chatting among themselves. While this was going on, a retardate at the other end of the room hit himself on the head and body with his closed fists. No one stopped him.

One of the head aides continually complained that the retardates smelled badly because they had soiled their clothes. She made no attempt to alleviate the situation.

In a ward for handicapped female retardates, the aide awakened the girls at approximately 6:00 a.m. The aide and a trainee changed the girls' diapers and "tripped" them to the toilet, where they were tied to the commodes so they did not fall off. Breakfast was brought to the ward at approximately 7:00 a.m. and the aide and the trainee helped eight of the twelve girls feed themselves. After breakfast, the aide and the trainees took the girls back to the toilet, where they were again tied to the commodes. While the trainee bathed some of the girls, the aide dressed the others and sent them into the day hall. Throughout the day the aides sat in an office adjoining the day hall, looking in on the girls occasionally. The aides seemed to interact more with the trainees — whom they teased and chatted with — than with the younger and less capable retardates.

During lunch an aide was observed helping a new girl, who had recently come to the institution. The aide acquainted the girl with rudimentary table manners and the like.

In another ward, the aides spent most of their time in an adjacent room and looked at the children from time to time over a wooden divider between the rooms.

In a recreation room, some of the retardates listened to popular music on a phonograph. Others read comic books. During the period of observation no aides came in to check on the children.

Among the male trainees who stay in the ward most of the time was a young man who appeared to be in his late teens. This trainee was observed attempting to sexually molest younger boys when the aide was absent from the ward.

The trainee was observed to particularly impress his attentions on two boys approximately ten years old. He would lure or force them to sit on his lap while he made coital, rubbing movements against one of them. He was also observed trying to rub his fingers against one of the boys' anus or to try to insert his finger into that orifice. The trainee was also observed to pull down one of the boys' trousers and hit him hard on the bare buttocks with an open hand, all the while ordering the boy to "stay seated" to be "be quiet." He has been observed to approach one or the other of these boys whether he is sitting or moving around. One of the boys seems to be afraid of the trainee, but the other is autistic and seems unaware of what is happening.

If the trainee made his advances when the aide is in the room, he was generally disregarded. The aides knew that he kept the residents "in line" with his rough handling. However, he was once observed being reprimanded by an aide for falling asleep in a day room chair when he was supposed to be watching the residents.

A group of children was waiting in a hallway to go to school. Aides circulated among the children, giving medications to some. During this waiting period two children began fighting, but were soon stopped by the aide. The group awaited the arrival of the school bus without further incident.

In a ward for handicapped retardates, the residents lie on small mats placed on the tile floor. Whenever these residents were to be cleaned or fed, the aides wheeled a cart into the day room and haul the retardates up onto it. The aides seldom spoke to the retardates during the course of this movement. Three aides took care of the 45 residents of this ward and, as a result, were quite busy. Some of the retardates lying on the mats coughed and vomited with little reaction from the aides. It often happened that by the time an aide got to one of these retardates, the dry vomit was all over his face, hair and clothing.

While an aide was talking to one of the observers during lunch, two retardates behind her emptied the plate of another child and ate the food. When this was brought to her attention the aide laughed and said that this happened often. The child was not given another plate of food.

A small boy fell on the floor head first from a height of three feet and cried unattended. A trainee picked him up five minutes later. He was bleeding profusely from the mouth.

An aide left one ward to look at a sewing machine that a man had brought in to sell her. She told the observer to watch the "monsters".

A teenage retardate forcefully kissed a small boy on the mouth and face. The boy was tied to a bench. The aides interacted among themselves and took no notice of this.

In a day room the aide sat and did nothing. There was no activity among the retardates, most of whom were sleeping. It was a bright, sunny day, but the shades were drawn and the residents kept in semi-darkness.

Aides in one ward sat and chatted while the retardates sat on the floor and did nothing. Later the aides distributed cookies by tossing them on the floor for the retardates to scramble after. During this time one retardate was observed eating his own excrement. This was noted by an aide, who told a trainee to take the retardate to the shower and clean him up.

Retardates in one room masturbated openly with no interference from an aide, who was reading a magazine and occasionally looking at the retardates. Another aide came into the same day room, walked around for a few minutes and left.

One aide was observed teasing some of the residents of one ward, while intermittently ordering trainees to perform certain tasks. Some of the trainees were called by nicknames; for example, a Negro trainee was called "jigaboo" and a microcephalic trainee was called "pinhead".

Physically handicapped retardates in one ward were placed under the showers for a half hour while the water was turned on and sprayed on them.

In one room housing 80 retardates, homosexual behavior was observed among several residents while the aides stood by. There were no toys, but four or five children were watching television.

The aides address the patients in a hospital ward by nicknames, such as "Big Fatty" for a tiny retardate who is a crumpled, twisted mass of bones. An aide kept dully repeating "you're so bad, you're so bad . . . ," almost mechanically. This is rather typical of the way most of the aides speak in general. Their language was also laced with profanity.

In a basement recreation room, an aide was observed hanging magazine pictures on a wall most of the time. She later went over to one child and played with him briefly. During this time loud rock 'n' roll music was pouring from a phonograph. Some of the children were rocking autistically and one was observed beating himself on the head.

A dutch door stood at the entrance to a ward for handicapped retardates. The top half was open and the bottom half was locked. Inside the ward, six children had been tied to chairs all day, some with mittens over their hands. The aides and a nurse set up a scale with which to weigh the residents. The workers picked up the children by an arm or leg, dragged them to the scale and then dropped them on to mats when they were finished.

While the aide sat reading a magazine, retardates in the ward were observed engaged in homosexual activities: holding hands, hugging and fondling each other.

One observer noted that most of the aides in this institution performed only those tasks which were absolutely necessary. When they completed the essential requirements of the daily routine, the aides read newspapers, slept, drank coffee, or griped about the unpleasantness and hardship of their jobs. If they were called upon to do something during their periods of relaxation, a trainee was given the assignments.

The ideas in one ward commented that the retardates "don't feel it anyway" when they are kicked or otherwise physically abused. A female aide was observed to make a continual practice of kicking retardates to get them out of her way as she crossed the room. She often expressed feelings of personal disgust with the retardates.

In one cold basement day hall, it was noted that one aide did not interact with the retardates unless they persistently approached her. At that point she would say, "Isn't that lovely?" to whatever was said.

After a retardate fell down and cut himself, requiring some stitches on his head, the trainees went in and out of the room trying to keep him in bed. There were no aides in the bedroom. He finally came out of the bedroom with his pants wet and an aide saw him wet, but did not change him.

A female retardate urinated while sitting in her chair. An aide came in and mopped up the urine, but did not change the girl's dress.

An older retardate ate his own excrement. An aide caught him at it and took him to the bathroom to clean him. Meanwhile, two older boys openly masturbated.

In a basement ward for retardates with cerebral palsy, an aide talked to a few children occasionally. She did little other than pour milk. The children were either inactive or seated in walkers or in a stanchion. In an adjoining room there were tables where children are placed with their legs weighted down with sandbags.

Since there were, as a rule, only three aides for the 45 retardates in one ward, the aides were quite busy with the bare essentials. Some of the retardates were lying on the floor coughing, vomiting, etc., with no reaction from the aides. Often by the time an aide got to a child, the dry vomit was all over his face, hair and clothing.

Aides in one ward were observed to make a particular effort to inspire in the residents a feeling of friendliness toward one another. The children were taught to help each other and to be particularly helpful to physically handicapped retardates. This attitude appears to have been instilled without creating a sense of "superior" status for those who help other, handicapped children.

A trainee was left in charge of one day hall. Most of the retardates were inactive, although some were engaging in homosexual activities.

Female retardates in one building were allowed to bring their "treasures" with them to the dining hall. These "treasures" consisted of combs, books, papers, etc. They placed the items next to their seats in the dining hall and did not touch them until they were finished eating.

Before breakfast one morning an aide discussed the latest developments in the space program with a group of retardates. She also counselled one child, telling him he had to learn to control his temper and get along with other people.

A retardate was taken into a basement toilet and allowed to sit there for almost half an hour. Nearby, another retardate was vomiting into a sink with no assistance. It was noted that an aide was approximately 15 feet from the apparently sick retardate.

A retardate urinated in his bed at approximately 7:30 p.m. Trainees changed his bed while the aide sat nearby.

One retardate in a day hall was noticeably odorous. He was wearing a shirt full of dried vomit and sitting among a group of retardates watching television. The aide in the room did nothing.

Two retardates, a boy and a girl, were placed on toilet seats by an aide. The aide later came in to check on the girl, disregarding the boy, who had meanwhile vomited all over himself.

A physically handicapped retardate was observed to get around very well in a recreation room and the adjoining hallway. He went up and down the hallway, joking with other retardates and aides. His favorite practice was running while half-sitting in the wheelchair, imitating an automobile. He talked freely with everyone near him and did his share of the chores.

One observer reported that, as he entered a day room, an older retardate was hitting a younger child on the face and body with open hands. While this was going on the aide was in conversation with a HIP worker. As soon as the aide noticed the observer, however, she got up and separated the two retardates.

A group of 29 retardates was observed "fenced" into a small portion of a room by barricades made of benches. One of the children in this enclosure repeatedly hit himself on the head until his face was almost purple. The aide remained in her chair, looking at the retardate from time to time, but saying nothing. During the same observation period a retardate who had hit his head against the wall bled from an open wound on his forehead. The same aide stared at him for a while, but did nothing. Some time later a child in this ward was observed playing with excrement, spreading it on his hands and face. The aide saw this, but did nothing. Still later an aide came in with a wet towel to clean the wound of the boy who banged his head against the wall.

The aides inside a ward were observed playing with the retardates. The aides brought in toys and tried to keep the children amused. One aide was pulling children around the room in a small cart. Another aide appeared to be filling out an accident report concerning one of the ward residents.

Trainees working in a hospital ward were observed smoking while changing the blankets on wheelchairs. They flicked ashes on the floor. Upon seeing this, an aide ordered the trianees to refrain from smoking while working with patients.

The aides' presence was always apparent in a ward for young, moderately retarded and hyperactive boys and girls. The aides were seldom out of the ward for more than a few minutes at a time. For the most part they talked with the children, or instructed them in the use of games, etc.

Retardates were observed engaging in various acts of homosexual behavior: mutual masturbation, kissing, fondling of sexual organs, and hugging. This behavior was rarely discouraged by aides.

A shift change occurred while an observer was discussing the forms to be filled out by aides in institutions studied for this project. The aide coming on duty was red-faced and swayed while walking. He seemed to talk with a "heavy" tongue, insulting the observer and telling him what he "could do with the......... form." By the time the two other aides had finished their forms, the apparently drunken aide became more abusive and the observer left.

During supper one retardate coughed so hard that he began to vomit heavily. An aide who was feeding the child next to him looked over at him and continued to feed the other child. Nothing was done for this retardate for half an hour. Finally one of the other aides brought this to the attention of the aide sitting closest to the boy. The aide replied, "Oh yes, he vomited. I didn't bother — the girls will take care of him."

A trainee feeding a retarded child stuck the spoon down the throat of the child, whose head she had rolled over sidewards and back. The child began to choke and gag, to which the trainee responded by forcing down another spoonful of food.

Three aides came into a hospital ward at 11:00 am.. to begin feeding lunch to the residents. One aide yelled "Keep your damned hand out of the food" to a small girl confined to a crib. Just prior to the feeding period the same aide had been playing with this child. The other two aides fed the rest of the children in an apparently mechanical manner.

Male and female aides were observed working together in one building. They interacted with the retardates a great deal, talking and playing with them. They led the retardates to the showers and left them to shower or bathe by themselves.

A reorganization program in one institution was greeted with a mixture of feelings by the aides. One group criticized the new range of programs which, one aide claimed, "cannot do any good for this group of retarded."

One of the observers was told by an aide that she (the aide) would not dare sit in the chair in which the observer was working. The aide said she contracted skin rashes and boils from being around retarded children and sitting in their chairs.

In one ward retardates were not given water or other liquids except during meals. At length, two retardates became so thirsty they tried drinking toilet water, urine (pools of which were on the floor) and dirty water in a swab bucket.

The sole source of amusement in one day hall was one rubber ball and a television set, which three residents watched. It was noted that both the room and its inhabitants were unpleasantly odorous. There were no aides in the room, so one retardate bullied others with no restraint.

A group of retardates was observed watching a mystery show on television, although the picture was out of focus and the contrast was poor. No one adjusted the television set. The floor of this particular room was spotted with urine and bits of food. The aide directed a trainee to wipe up the floor with clothing taken from the retardates.

In one ward the residents were confined to an area measuring approximately 20 feet by 12 feet, which allowed about eight square feet per person. Although the retardates had some freedom of movement and speech, they were so restricted that they could not participate in any activities for which the room had been intended

A first floor ward was noted as being hot and filled with unpleasant odors. The residents were free to come and go, however, as the aides were busy in a nearby office working on records.

Upon opening the door of an isolation room, a naked retardate was seen coming out to get a drink of water. The aide said that he was hyperactive and was kept in isolation to "cool him off." He returned to the isolation room after getting a drink. While the door remained open it was noted that several retardates were masturbating.

A group of children waited for a half hour with their coats on to go to lunch. During that time other children returned from school and the aides were busy feeding a few sick children in the building. The food appeared to be cold by the time it was brought from the dining hall.

One morning a group of some 90 retardates was placed in a day room. The ventilation fan had not been turned on yet, thus leaving a heavy, stagnant odor of urine and defecation in the room. The retardates watched a "clown" show on television and, occassionally, they would relieve themselves on the floor, adding to the already strong odor of human waste in the room. One aide was in the room at the time, but was not seen to be very active.

During a visit to one of the day halls one of the observers reported: "Puddles of urine and spots of soil make a rather unique obstacle course all over the floor."

Approximately 100 retardates, the entire population of one building, were gathered into a basement day hall. The room was rather small and, as a result, soon became quite warm; in fact, at one point condensation began to form on the windows. It was noted that as this waiting period continued, autistic and rocking behavior increased.

At 6:25 p.m. the residents of one ward were preparing to go to bed. Most of the residents undressed themselves and attended to their own needs. The ward was noted to be quite crowded and, to accommodate everyone, the retardates slept close together, with beds alternated in a head-to-foot relationship (i.e., one person's head faces another's feet). Two aides were in charge of the 106 children in this building.

Forty-five retardates of various chronological and mental ages were placed in a classroom in the basement of a building. The aide had no professional or academic qualifications except her interest in the retardates. She worked with them, showing them how to make designs on paper and put puzzles together. Each activity took about 20 minutes. The retardates appeared to be interested in the lessons and devoted their entire attention to the "teacher." During one of the contests it was noted that everyone received a prize. There was a great deal of good-natured kidding between the teacher and the retardates, which provoked laughter in all quarters. It was noted that many children who displayed autistic behavior in other situations were attentive and seemed to relate to some of the activities.

MEDICAL PERSONNEL AND SERVICES

A group of physically handicapped retardates was taken on a sun porch for the morning. Most of the children were in wheelchairs and, although fully dressed, were covered with sheets. One little girl, a hydrocephalic, wheeled herself about and talked continuously. It was later learned that this girl has bone cancer, which necessitated having a leg amputated, although that failed to halt the progression of the cancer. Later, two trainees entertained the children by sitting on each other's lap on a wheelchair and spinning around. Still later, the trainees helped feed the children. One trainee was observed to use great care in lifting a patient who had soiled herself. The trainees also changed diapers.

A physician made his rounds at 9:30 a.m. His "examination" consisted of his approaching a retardate lying on a bench and ordering the child to walk. When she did, the doctor would continue on to the next patient and repeat the procedure. After one girl failed to walk at his command, the doctor told an aide to put her to bed. He then left the ward.

In a ward for physically handicapped retarded children, aides were observed dragging "patients" by one arm or one leg to a wheelchair cart. Other "patients," as they are called, are carried two-by-two (that is, an aide on each side holding an arm and a leg) to be dressed or fed.

Physical therapy sessions are held in the morning and in the afternoon at this institution. Retardates participate in at least one of these sessions. A great deal of interaction was observed between the therapist and the two aides working under his supervision and the children. The children seemed to enjoy these sessions.

In a hospital ward for physically handicapped and profoundly retarded teen-age children and adults, the aides spent most of their time bathing and dressing the retardates. While this was going on two trainees changed and made up the beds. Most of the retardates were placed in a sitting position and tied into various chairs and rockers, although some were left in their cribs.

NON-ATTENDANTS AT THE INSTITUTIONS

Aides in one institution expressed displeasure with the HIP (Hospital Improvement Program) workers. The federally-funded HIP program is arranged so that workers can come into the wards and day halls to assist the retardates in basic forms of play and recreation. These activities usually take place during the hours in which the aides have completed their daily routine requirements and in which they look forward to a period of relative quietness. When the HIP workers arrive at institions, there is a great deal of activity which spoils any chance for relaxation that the aides might have had.

In some instances, however, the HIP program has not met its objectives. In order to avoid conflict with the aides, the HIP workers must compromise themselves in the performance of their duties; often they fall into the same habits of the aides: reading, talking and sleeping, with little regard for the retardates. It was also noted that a lone HIP worker did not display the enthusiasm that two or more HIP workers seemed to generate in a group situation. The HIP workers appeared to perform best when they took the retardates out of the buildings, away from the aides.

HIP workers in one institution were observed to be very helpful to the aides. During mealtimes they would help feed the retardates, or encourage others to eat. HIP workers also led groups of children to school and played with them during recess. In some instances HIP workers were in wards while the aides were absent.

One afternoon a group of retardates was taken outdoors to play. The rest of the retardates just sat in the day room. When the remaining aide stepped out of the room, a trainee was observed making homosexual advances toward a younger retardate. The trainee was lying on a mat on the floor and beckoned to the child to join him, at which time he proceeded to press himself against the child and make coital movements. Later he attempted to manipulate the child's arms by inserting his hands under the child's clothing. During the latter part of the aide's absence, a HIP worker came in to take charge of the day room.

A spoon was the only eating utensil ovserved in use by the retardates in one dining hall. HIP workers went from table to table cutting meat for the retardates or encouraging them to eat. One observer reported that the meal times were often shifted, the food was cold by the time the retardates received it, and the eating utensils were dirty. The retardates file past the food service center and have the various portions of the meal slapped onto their trays. It was noted that when some aides assist retardates in eating, the aides "shovel" the food into the retardates' mouths. Retardates who can feed themselves are often made to hurry to make way for the next group to be fed.

An aide in one day room took half of the retardates outside to play and left a HIP worker in charge of the remaining children. The HIP worker sat and watched television most of the time. Most of the children were inactive.

Shortly after 9:00 a.m. a volunteer worker and a recreation leader began supervising the activities of children in one ward. The worker and the recreation leader performed some of the routine ward tasks — sorting clothes, cleaning up, etc. — but devoted most of their time to interacting with the retardates.

HIP workers were noted interacting with retardates in a play area. The workers put the children on see-saws and moved them up and down.

A HIP worker and an aide were seen picking up toys in a ward. When the toys were taken away from the children, many of them began to rock on the floor. At this time one retardate interrupted the autistic rocking of another retardate and played with him for a while. The aides were sitting and talking among themselves while this was going on. The television was turned on, but the sound was inaudible.

At 10:30 a.m. a group of retardates lined up outside a dining hall for lunch. They obtained their own trays and eating utensils and walked through the serving line. They ate unassisted, although an aide or HIP worker would cut their meat with a knife. Second helpings were offered and approximately ten children took advantage of this opportunity for more food.

EDUCATION

In one of the school classes, the retardates were taught to kick a ball, stand on a box, or jump. During the course of the instruction one retardate was fast sleep and many other children were inactive.

One class period was begun with the pledge of allegiance, after which the teacher devoted approximately ten minutes to a drill — the weather, colors, and the like — which was apparently well known to the retarded students. Following the drill, the teacher took the group to a music class, where the instructor led the children in a few songs and then had them do several modern dances (e.g., the Twist, and the Watusi) on the stage.

There were 14 students and one teacher in one of the classrooms. The teacher spent the entire hour reviewing material which the children appeared to have already learned and drilling them in proper grooming, the names of the months, and days of the week. The children all knew these things and repeated them mechanically one after another. When the lesson was over, she brought out crackers and milk for the children.

In a school room the students responded to group commands given by the teacher. They write the months of the year and days of the week. The teacher uses several teaching aids, talks at a level of the children's understanding, shows an affectionate interest in children, and rewards the children for good behavior. The retardates are usually attentive and appreciate the teacher's interest. They do arithmetic on an abacus and write words independently.

In one of the school buildings the teacher was observed instructing two retardates on skipping rope. The children milled around the room. During a recess period the teacher took all the children outside — despite a light rainfall — and proceeded to teach them how to climb the steps on the side of the building. It was quite cold out in the rain.

Children from one institution attend classes in a nearby school. The class began at approximately 9:00 a.m. with the pledge of allegiance, which was disrupted by three late-comers who noisily entered the room. The teacher said nothing and continued with the lesson. Later in the morning the children adjourned to the auditorium, where they watched a film dealing with the production of steel. Following the film there was a brief discussion period during which the teacher asked questions pertaining to the film. One retardate who was uncooperative the whole time was sent off to a table by himself to work on a puzzle.

"Motivation classes" were held for residents of three wards. These classes, it was explained, were to expose the children to different stimuli, such as various moving parts of the body. Also noted at the same institution was a "life experience" group, which functions as part of the occupational therapy program to acquaint retardates with situations they might encounter outside of the institution.

In a classroom, the teacher ordered two children to go to the cafeteria to get milk. The two youngsters returned shortly with a case of milk, which they distributed among their classmates. While the children drank their milk, the teacher read them the story of "The Little Red Hen" and tested their knowledge of numbers by asking them to give the digit for the number of fingers she displayed.

At an outside school which residents of one of the institutions attend several activities were planned for the retardates. A bingo game was organized for one class, while students in other classes were taught the number system or listened to stories read by the teacher. The children had lunch at the school, in a segregated area of the cafeteria. During lunch the teachers showed the retardates how to handle their food and gave instructions in certain points of table manners.

When the regular gym teacher was called away from one class session, a trainee took over the class with apparently successful results. The retarded students were very enthusiastic about the class and followed directions eagerly.

RECREATION

An aide mopped the floor in one ward. While doing this, the children sat on benches until the floor was dry. At one point she stopped mopping to order two retardates to cease rocking, which they did for awhile. The television set was on, but no one watched it.

Aides took a group of children to a baseball field and got them started on games of "choo-choo train" and "ring-around-the rosie."

Among the items used for entertainment or activity in one ward was a color television set, which had been willed to the building by the family of one of the retardates, and a few toys. Most of the toys were hoarded by a few older female retardates.

In the dining hall of one building, several trainees were observed working with little supervision. The trainees receive $5 per week for this work, which they are able to perform on their own. Two regular kitchen workers and many trainees serve the food to the retardates filing past.

The aides were preparing a room for a St. Patrick's Day party. Green and white decorations, shamrocks and hats were hung up around the room and an old sheet was tied to the ceiling to hold balloons. The children moved around freely, dancing, and humming to the music played on an accordion by a retardate who played the instrument well and who had a good selection of music which he had memorized.

The residents of one building were accorded a good measure of personal freedom. While they were inside the building there was a number of toys, magazines, and other items to amuse them. Several evenings a week a recreation worker visited the building and instructed some of the residents on the ukulele.

One morning a group of retardates was organized into a marching column by the aide in charge. Everyone was made to take part. At the conclusion of the march, which was done to recorded music, the national anthem was played. Everyone stood and faced a flag and sang. The retardates sang the song very well, pronouncing the words clearly and carrying melody well.

"Free time" was announced in a basement day hall. During this time, which the retardates may use for any purpose, there was no activity, except for some brief interactions between the aide and an apparently select few retardates.

In this institution one of the recreation rooms was never used by the residents. It was later learned that the only occasion in recent times that the room had been used was during a special visit by the governor of the state.

At the conclusion of every meal a "table master" collected and cleaned the dishes at his table. The silverware was counted by the aide and, along with the dishes, was carried out to the kitchen, where everything was placed in an automatic dish washing machine. The retardates then cleaned up the dining room, often requiring little supervision from the aides.

Movies were shown in the day hall of one institution. Most of the residents did not seem to watch it, however. It was out of focus and hard to see because the room was too bright. Sheets put over the entire window area had little effect.

Some 12 retardates were watching television in a day hall. Television was the sole source of activity, as the room was otherwise devoid of toys. A few retardates swept the floor under the direction of a trainee and two residents were kissing each other.

During one "work party" the children were told to clear stones from a section of a nearby beach. With no further orders, they went out and filled pails with stones and dumped the stones into a smaller trailer which would haul them away. The aide in charge of the group was present all the time, but only spoke when one of the children appeared to stray too far. The group returned to the institution at the conclusion of the "work party" and helped unload kitchen supplies from a truck. Following this the group was rewarded with oranges. The aide helped some of the children peel their oranges, amid a good deal of joking and laughter between the aide and the children.

At a subsequent "work party" an aide threatened to send one youngster back to his ward if he did not behave. This appeared to be an effective disciplinary device, as the child behaved very well after this.

The aide in charge of one day hall was playing with some of the retardates. She made Indian "feathers" out of cloth and paper and started a game among the residents.

PERSONAL SERVICES

Outside one of the day halls was posted a sign reading: "When washing children in day hall and applying bibs, please wash face and hands and apply bibs one child at a time so you will know who has been washed." Beneath the sign was a conveniently placed box of tissues, which appeared to enjoy great use.

During the noon meal one of the aides announced a movie to be shown that afternoon. She also reminded some of the retardates about their dental appointments.

Once a week the residents of this institution were allowed to purchase candy, cookies, soap, deoderants, and the like. They were able to buy these items with money left for them by their families or with funds from Social Security pensions which some residents received. Those residents who had no money also received some of these items, however, as the aides would portion the purchases out so that everyone received something.

In a "beauty salon" in one institution two retarded Negro girls had their hair straightened with a hot iron comb. It is estimated that a beautician spent approximately an hour working on each girl's hair. It was noted that the salon was very fashionable in appearance.

APPENDIX III:

Observation and Testing Procedure

Instructions for Aide Observations

This observation schedule is designed to assess the nature of the activities which an institutional aide performs while in the presence of the mentally retarded individuals assigned to him. The coverage is to be complete from the time the residents arise to the time they are put to bed. Typical week-days are recorded.

Observation samples are taken every 2 minutes, followed by a rest period of 2 minutes. If more than one aide is present observations are rotated from aide to aide, so that during the first 2 minute period aide A is observed, during the second 2 minutes aide B is observed, etc. After all the aides present are observed, Aide A is sampled again and the cycle begins anew. Times missed because of the worker's meal or rest period are to be covered the following day in order to obtain a complete and uninterrupted record of ward activity. The following behavioral categories are observed and timed (in seconds).

CHILD ORIENTED BEHAVIOR

Any activity involving contact with a resident or group of residents is recorded in this category. The following subcategories are recorded.

Reacts to physical need — Responds to a physical need on the part of the child on a spontaneous (unrequested) basis. It is important to note that the initiator of the action is the aide.

The following specific categories are recorded under this heading:

Dresses — Dresses or undresses the child (includes diaper change).

Feeds — Feeds a child.

Bathes-Washes — Cleanses a child through active participation (mere supervision of bathing activity is not included here).

Toilets — Participates in toileting the child (including post toilet cleansing).

Grooms — Grooms the retardate (including brushing of teeth) combs, clips nails, cuts hair, shaves, etc.

Responds to demand — This is a child initiated activity in which the aide responds to a verbal or gestural demand on the resident's part. All the activities recorded above are included and defined in the same manner.

Does not respond to approach — Fails to respond to the approach of a resident for any reason.

Talks to child — Interacts verbally with a resident or group of residents. Individual and group interactions are recorded separately. The following content categories are scored:

Commands — Issues brief verbal instructions.

Converses — Carries on a conversation at some length (at least two sentences) with a retardate.

Instructs — Verbally and/or physically demonstrates or teaches any kind of task.

Praise/Affection — Demonstrates verbal affection or praises a retardate.

Physical Affection — Demonstrates affection through body contact.

Plays — Is actively engaged in playing with a resident or group of residents.

Aggression or Punishment — Is engaged in verbally hostile behavior or in any form of negative reinforcement with a retardate or a group of retardates. The following subcategories are scored.

Verbal — Chides or chastises a retardate.

Physical — Attack a child physically (except for restraint, see below).

Restrains — Curtails a child's freedom of movement by verbal command and/or physical action.

Derogatory Language — Uses derogatory language in contact with the retardates.

Foul Language — Uses obscene language in contact with the retardates.

WARD ORIENTED BEHAVIOR

Activities concerned with the maintenance of efficient ward routine which do not bring the aide in contact with the residents is scored in this category. Subcategories are as follows:

Laundry — Is concerned with collection, distribution or maintenance of the residents' clothing and/or linen.

Cleanliness — Activity concerned with keeping the physical furnishings, floors, and walls, etc. clean.

Food — Activity associated with food services other than the feeding of individual residents.

Medication — Activity concerned with the dispensation of medication.

Reports — Writing, reading or sorting institutional reports.

SUPERVISORY ACTIVITY

Active supervison of activity concerning the residents. Mere presence is not enough in terms of ward routine or program supervision.

Ward — This category involves a specific and routinized activity on the part of the residents (e.g., walking to lunch).

Outside Room — Presence of aide outside the room but in sufficient proximity to observe the ward.

Program — The supervision of an unusual (non-routinized program (e.g., movies).

SELF-ORIENTED

Activity which in the main is not work oriented, or only peripherally concerned with the welfare of the retardates. Specific notations are to be recorded as follows: Record by a check mark whether or not the aide is in a sitting or standing position.

Inactive -- This category refers to a state of general inactivity and is considered "self-directed" although the aide may watch the retardates.

TV — The aide is clearly following a television or radio program.

Eat Drink — The aide is eating or drinking.

Read — The aide is reading material not associated with his work.

Hobby — The aide engages in a recreational activity or hobby which is not relevant to his work or one in which the retardates are not involved (e.g., solves a crossword puzzle, knits, plays solitaire, etc.).

Smokes — The aide is smoking.

In Room — Record the time the aide is in the general area where the retardates are being observed.

Talks to Aide — Record with whom the aide is conversing. A person of his own sex, opposite sex, charge aide or supervisor, physician, registered nurse, someone else.

STAFF RATIO

Record the number of residents present during the observation sample. Count after the completion of the two minute period. Designate the number of aides present, and/or the number of non-retarded adults who are not aides or regular ward personnel. Record the number of males and females who are non-retarded and present on the ward.

Record whether your observation was inside or outside a building.

AIDE NUMBER

Designate each of the aides observed by a number and record his/her sex.

Initial each sheet, date it, and record the time.

Record the ward number in three digits, the first digit designating the institution.

A-SCHEDULE

CHILD ORIENTED

Reacts to physical need............
  Dresses ....
  Feeds ....
  Bathes/Washes ....
  Toilets ....
  Grooms ....

Responds to demand ....
  Dresses ....
  Feeds ....
  Bathes/Washes ....
  Toilets ....
  Grooms ....
Does not respond to approach ....

	Ind.	Group
Talks to child		
Commands	....	....
Converses	....	....
Instructs	....	....
Praise/Affection	....	....
Physical Affection		
Plays	....	....
Aggression or Punishment	....	....
Verbal	....	....
Physical	....	....
Restrains	....	....
Derogatory Language	....	....
Foul Language	....	....

WARD ORIENTED ....
  Laundry ....
  Cleanliness ....
  Food ....
  Medication ....
  Reports ....

SUPERVISORY ACTIVITY		
Ward Routine	....	....
Outside Room	....	....
Program	....	....

SELF-ORIENTED

Sit........ Upright........
  Inactive ....
  TV ....
  Eat/Drink............
  Read ....
  Hobby ....
  Smokes ....
  In Room ....

Talks to Aide

Same Sex...... Opposite Sex. ....
Charge.... MD.... RN.... Other....

STAFF RATIO

MR.... Aides.... Others....
Male...... Female......
Inside...... Outside......

Aide No............

Male...... Female......

Worker ....

Date...... Time........

Ward ....

OBSERVATION PROCEDURES

The observations made are designed to describe the activities of the individual subject *and* his environment. To this end, both the stimulus impinging on the subject and the response elicited must be recorded carefully.

Observation samples are recorded for 2 minutes, followed by a rest period of 4 minutes, after which a new observation period begins. Observation periods are of 30 minutes duration and include five behavior samples. After three behavior periods (90 minutes, or 15 behavior samples) the worker has one free period (30 minutes) after which he resumes his work.

SUBJECT VARIABLES

The child to be observed is termed "subject" and his activities are recorded under two major behavior categories: (a) inner directed behavior and (b) outer directed behavior. These categories relate to the subject's response to the environment: if his action is designed to elicit a response from his environment, or if it relates directly to an object or person in a meaningful way, it is termed "outer directed." Conversely, if the subject appears to respond to an internal stimulus, or if he does not interact with the environment, his behavior is termed "inner directed."

INNER DIRECTED BEHAVIOR

Smiles	The subject smiles without any apparent and appropriate stimulus. This category typically relates to the vacuous smile not infrequently seen among withdrawn children.
Laughs	The subject laughs, emitting a sound (as distinguished from the smile) without an apparent and appropriate stimulus.
Cries	The subject cries (with tears) or shouts in apparent distress, without an observable external cause. His anguish is seemingly emanating from internal sources.
Whines	The subject emits a continuous noise, unmodulated in tone and timbre. This noise is clearly not a song or melody. and is sometimes (though not always) accompanied by other inner directed behavior patterns (e.g. rocking).
Finger Posture	The subject is moving his fingers in a bizarre and unusual manner to satisfy his own needs (not for communication purposes).
Rocks	The subject moves his torso or head rhythmically to and fro.
Autistic Behavior	Includes all bizarre actions (not mentioned above) emanating from within the person and are not designed to impinge upon the environment. The variety of behavior is too large to be enumerated specifically (e.g. hitting self, manipulating a string in a meaningless manner, talking to self). The term "autistic" refers to the goal and manner of the behavior and does not imply a psychiatric diagnosis. It is well recognized that many young, healthy children may at times indulge in this kind of behavior.
Stereotyped Activity	The subject engages in strictly repetitive actions (other than rocking), usually involving his extremeties, over a prolonged period of time.
Aimless Hyperactivity	General restlessness and mobility without goal. The absence of purpose characterizes this behavior pattern (e.g. the subject might run from object to object without using any one article meaningfully).
Inactive (Awake)	The subject is basically inactive, sitting or lying around, without taking part in any interaction. This category refers to a "vegetative state" in which the subject, though awake, shows no interest in his environs.
Sleeps	The subject is clearly asleep.

OUTER DIRECTED BEHAVIOR

Smiles	Emits a smile either in response to another person or stimulus (e.g. clown on TV) or as greeting or approach clearly directed at another person.
Laughs	Emits the sound of laughter in response to an appropriate stimulus.
Cries	Cries with tears or shouts in anguish as a result of a painful or frustrating experience brought about by an external agent (e.g. another child hits subject).
Destructive	Subject willfully destroys or attempts to destroy an object.

Aggressive	(a) Verbal — subject attacks another person verbally. (b) Non-verbal — subject attacks another person physically (either spontaneously or in response to the other person's aggression).
Plays	(a) With people — subject interacts with another person or persons in a playful manner. (b) With objects — subject uses an object (typically a toy) in an appropriately playful manner.
Listens or Watches	The subject is clearly listening to or watching a performance (e.g. on TV). Reading a book or looking at pictures in a book is also included here. Also, attends a formal lecture.
Participates in Group	The subject participates actively in a group activity. Being a member of an audience is *not* considered participation. The group may or may not be led by a formal group leader, but is always pursuing a common goal.
Approaches Others	The subject attempts to elicit a response from another person through word, gesture, or any other means.
Responds to Others	(a) Verbal — having been approached by another person the subject responds verbally. (b) Non-verbal — the subject responds non-verbally (e.g. to the command "come here") without the use of words.
Converses	Subject and another person exchange words in a meaningful manner for a sustained period of time and without animosity.
No Response to Stimulus	The subject fails to respond to the verbal or non-verbal approach of another person.
Waits	(a) Structured — subject is waiting for a certain activity. His freedom of movement is restricted, as is his freedom of interaction with others (e.g. waiting in line without talking). (b) Unstructured — subject is waiting for a certain activity, but is permitted to interact with others. Minimal restrictions of movement may be present.
Does Chores	The subject participates in an assigned chore in his unit.
In Restraint	The subject is confined to a certain place or position and prevented from participating in an ongoing activity.

ENVIRONMENTAL VARIABLES

Four categories of people are identified as having significant bearing on the child in an institution:

Aide	An aide is an employee of the child-care or nursing service of an institution.
Other Retardate	One in trainee position. A resident of the institution who is usually older and definitely more capable than the typical child In the unit or ward. This person is assigned the role of "assistant aide" by the institution and formally designated as such.
Peer	Any other resident in the subject's unit. Although ages and capabilities may vary, the subject and peer have an equal official status.
Non-retarded (Other)	Any person other than the above. It is necessary to describe such a person (e.g. volunteer, music teacher, recreation worker, etc.).

3

Responses by "Others" (Not the Subject)	(a) Verbal — responds to child's demand. The person reacts to the expressed demand of the subject by answering verbally. (b) Non-verbal — the person reacts to the subject's expressed demand through physical action (e.g. taking the child to the bathroom). (c) Does not respond to subject's approach — ignores the subject's verbal or non-verbal approach. (d) Reacts to subject's physical need. Sees a certain physical need on the subject's part and reacts to it spontaneously (e.g. sees that the subject has wet his pants and changes them). Note that this interaction originates in a person other than the subject.
Talks to Subject	(a) Commands — issues an order to subject or group to which subject belongs (note which). (b) Converses — talks to subject without intent of issuing a command. Essentially an emotionally neutral, prolonged verbal interaction. (c) Instructs — clearly helps the subject with acquiring or improving his skills or introducing a new idea. (d) Praises or shows verbal affection — praises the subject or shows positive affection through words.
Plays with Subject	Interacts with subject in a clearly playful manner. This interaction must be sustained for more than a few seconds. Playfully kicking a ball once would *not* be so coded, but playing ball with the subject by receiving and then kicking it would be scored.
Shows Physical Affection	Physically fondles or strokes the subject in an apparent show of affection.
Aggression or Punishment	(a) Verbal — attacks the subject verbally or scolds him for any reason (b) Physical — attacks the subject physically for any reason.
Aggression or Punishment	(c) Restrains — restrains the subject from participating in an outgoing activity.
Teaches	This category refers only to classroom teaching.
No Interaction with Subject by Aide	To be checked if the aide did not interact with the subject at all during the 2 minute observation sample.
Staff Ratio	Count the number of aides within the subject's grouping immediately after the termination of the 2 inmunte observation sample. Then count the number of retardates within the unit, and then the number of other non-retarded persons (if any).
Name of Activity	This should be recorded (e.g. watching TV).
Place	Refers to location within the institution (e.g. Smith Building, Day Room).
Organized Recreation	This category refers to *organized* games or other forms of recreation.
Name	Observe if another person called subject by name and record it. Also, record who addressed him by name.

Play Materials Accessible Observe the accessibility (not merely the presence of play materials), "*Adequate*" play materials would involve a sufficient number for all children and a reasonable variety of such materials, (e.g. a large number of swings would be inadequate if no other materials are available). "*Some*" play materials are in reference to an inadequate number of otherwise attractive and accessible toys. "*None*" refers to a total absence of material or the presence of totally unsuitable materials (e.g. bikes in a unit of non-ambulatory children) or to inaccessible materials (e.g. neatly arrayed dolls which are not to be played with).

The observation sheet should be identified by the initials of the research worker, the date, and the time. The subject should be identified by number and each observation sample numbered one through five.

SUBJECT

INNER DIRECTED BEHAVIOR

Sec.

Smiles ....
Laughs ....
Cries ....
Rocks ....
Whines ....
Autistic Behavior ....
Finger Postures ....
Aimless Hyperactivity ....
Stereotyped Activity ....
Inactive (awake) ....
Sleeps ....
In Restraint ....

Other
  a. aide
  b. other retardate (trainee)
  c. peer
  d. non-retarded adult

Responds to child's demand
  a. verbal ....
  b. non-verbal ....
Does not respond to child's approach ....
Reacts to child's physical need ....

Talks to child	Ind.	Grp.
a. commands	....	....
b. converses	....	....
c. instructs	....	....
d. praise or verbal affection	....	....

OUTER DIRECTED BEHAVIOR

No.

Smiles ....
Laughs ....
Cries ....
Destructive ....
Aggressive
  a. verbal ....
  b. non-verbal ....
Plays
  a. people ....Sec.
  b. objects ....
Listens or watches ....Sec.
Participation in Group ....Sec.
Approaches Others ....
Responds to Others
  a. verbal ....
  b. non-verbal ....
No response to Stimulus............
Withdraws from Others............
Waits
  a. structured ....Sec.
  b. unstructured ....Sec.
Does chores ....Sec.

Staff Ratio
Retardates.......... Aides..........

Others (non-ret.) ....

Plays with child ....Sec.
Shows physical affection ....
Aggression or punishment
    a. verbally ....
    b. physically ....
    c. restrains ....
Teaches (classroom) ....
No interaction with child
    by aide ....

Worker ....
Date .... Time ....
Child No. ....
Aide Code ....

Name of activity............................
Place ....

Organized Recreation
Inside....... Outside....... None........
Name called ....

By whom called ....
Play materials accessible:
1) none. 2) some.... 3) adequate....
Institution............................
Observation No. ....

HARTFORD SELF-SUFFICIENCY SCALE

Name of child ....
Date.................Rater............................

Dressing
............Completely dressed by another person
............Puts on pants or panties
............Puts on shirt or dress
............Dresses self without buttoning
............Dresses, buttons, but does not tie
............Dresses self completely

Eating (I)
............Takes liquids only
............Takes junior foods
............Takes ground regular food
............Takes regular food

Eating (II)
............Drinks from bottle
............Is spoon fed
............Feeds self with spoon, but is very messy
............Feeds self with spoon neatly
............Feeds self with fork
............Feeds self independently, but has meat cut
............Uses knife for cutting and spreading

Toileting (I)
............Is totally incontinent
............Is trained for defecation
............Is kept dry by tripping, has occasional accident
............Is kept dry by tripping, has *no* accidents
............Is dry during day
............Is dry day and night

Toileting (II)
............Does not take care of toileting needs
............Indicates toileting need, but is taken by other
............Needs only some assistance
............Takes care of need independently

Communication I (Receptive)

............Does not respond
............Responds to well modulated voice by facial expression
............Responds to name by attending
............Responds to simple verbal instructions
............Responds to complex verbal instructions
............Responds to conversation

Communication II (Expressive)

............Does not attempt to communicate
............Communicates through the use of simple gestures
............Communicates through the use of complex gestures
............Communicates through the use of vocalizations
............Communicates through the use of verbalization (simple)
............Communicates through the use of verbalization (sentences)

Locomotion

............Does not move about
............Only moves on floor
............Is moved in wheelchair
............Walks with considerable help
............Moves own wheelchair
............Walks haltingly — cannot negotiate stairs alone
............Walks without help
............Moves about freely

Need for Supervision

............Needs bed care
............Must be restrained often
............Can play freely in enclosed and locked area
............Can play freely in enclosed but not locked area
............Can play freely in open area under some supervision
............Can play freely in open area with minimal supervision
............Can come and go freely

Name of child..

Date... Locality..

1. Do you feel that the child's height, compared with the average, non-retarded child his age:

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-35
a. much greater than average	a.	a.	a. ....
b. above average	b.	b.	b. ....
c. average	c.	c.	c. ....
d. below average	d.	d.	d. ....
e. much below average	e.	e.	e. ....

2. Do you feel that the child's weight, compared with the average, non-retarded child his age:

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-35
a. much greater than average	a.	a.	a. ....
b. above average	b.	b.	b. ....
c. average	c.	c.	c. ....
d. below average	d.	d.	d. ....
e. much below average	e.	e.	e. ....

3. Do you feel that the child's overall physical development, compared with the average, non-retarded child his age:

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-35
a. much greater than average	a.	a.	a. ....
b. above average	b.	b.	b. ....
c. average	c.	c.	c. ....
d. below average	d.	d.	d. ....
e. much below average	e.	e.	e. ....

4. Do you feel that the child's general health (in terms of the number and the seriousness of illnesses) compared with the average, non-retarded child his age:

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-53
a. much greater than average	a.	a.	a. ....
b. above average	b.	b.	b. ....
c. average	c.	c.	c. ....
d. below average	d.	d.	d. ....
e. much below average	e.	e.	e. ....

5. Do you feel that the child's coordination and muscle control compared with the average, non-retarded child his age:

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-35
a. much greater than average	a.	a.	a. ....
b. above average	b.	b.	b. ....
c. average	c.	c.	c. ....
d. below average	d.	d.	d. ....
e. much below average	e.	e.	e. ....

For the following items, please indicate by a check mark how you would estimate the child's capabilities, as he or she

A: Is at present
B: Will probably be in about 5 years
C: Will probably be about age 30-35

6. Eating Habits

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-35
a. must be fed (cannot help self at all)	a.	a.	a. ....
b. requires much assistance	b.	b.	b. ....
c. requires little assistance	c.	c.	c. ....
d. eats independently (needs no help)	d.	d.	d. ....

7. Dressing

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-35
a. can dress self completely	a..................	1..................	a..................
b. requires much assistance	b..................	b..................	b..................
c. requires little assistance	c..................	c..................	c..................
d. must be completely dressed by someone else	d..................	d..................	d..................

8. Hanging up Clothes and Making Bed

	A) Is at present	B) Will be in 5 years	C) Will be by age 30-35
a. unable to do this, must be done by someone else	a.	a.	a. ....
b. requires very much help	b.	b.	b. ....
c. requires little help	c.	c.	c. ....
d. requires no help at all, can do this alone	d.	d.	d. ....

9. Will be able to take care of his room and personal belongings as he would

	B) By age 16, or in 5 yrs. whichever is later	C) By age 30-35
a. yes	a.	a. ....
b. probably yes	b.	b. ....
c. probably not	c.	c. ....
d. no	d.	d. ....

10. Handling Money

	B) By age 16, or in 5 yrs. whichever is later.	C) by age 30-35
a. Will be able to handle his own money and buy things alone	a.	a. ....
b. With help, will be able to handle own money and buy things that are needed	b.	b. ....
c. Will be able to buy things in store when given the money and careful directions	c.	c. ....
d. Will not be able to understand the use of money	d.	d. ....

Please answer for individuals *below* 16 years of age.

	B) In 5 years	C) By age 30-35
a. With some help will be able to get a regular job and work under usual supervision	a.	a. ....
b. With a good deal of help will be able to get a regular job and work under close supervision	b.	b. ....
c. Will be able to work in a sheltered workshop especially arranged for retarded people	c.	c. ....
d. Will not work for money even under close supervision but will be able to help others who work	d.	d. ....
e. Will not do any of the above	e.	e. ....

A. Reading

	A) Right now	B) In 5 years	C) By age 30-35
a. cannot read at all	a.	a.	a. ....
b. can read signs such as *Men's Room, Ladies' Room, Stop, Walk, Danger*	b.	b.	b. ....
c. can read simple stories and children's books	c.	c.	c. ....
d. can read daily newspapers and magazines	d.	d.	d. ....

13. Numbers

	A) Right now	B) In 5 years	C) By age 30-35
a. can use addition, subtraction, multiplication and division in his daily life (as in handling money)	a.	a.	a. ....
b. can use addition and subtraction (but not multiplication and division) as in making change	b.	b.	b. ....
c. can count objects such as blocks and pennies up to ten	c.	c.	c. ....
d. cannot count to ten	f.	d.	d. ....

14. Social Skills I

	A) Right now	B) In 5 years	C) By age 30-35
a. makes close friends easily and gets along well with people	a.	a.	a. ....
b. gets along with people fairly well but does not make close friends	b.	b.	b. ....
c. has difficulty getting along with others, rarely makes friends	c.	c.	c. ....
d. cannot make friends and does not get along with others	d.	d.	d. ....

15. Social Skills II

Please answer for individuals *below* 16 years of age

	B) In 5 years	C) By age 30-35
a. Will not understand the differences between boys and girls	a.	a. ....
b. Will understand the differences between boys and girls but will not be ready to be with members of the opposite sex in group social events such as dances and parties	b.	b. ....
c. Will get along well with the opposite sex in a group, as at dances and social events, but is not ready to date or get married	c.	c. ....
d. Will get along well with the opposite sex, as in social events and dating, may have a fair chance for successful marriage	d.	d. ....

Summary: Please check the most likely estimate:

When the child reaches *age* 30, I feel that he/she:

a. ....Will probably still need residential care and supervision. Living in his own home or a foster home would not meet his/her needs as well.

b. ....Will probably need residential care and supervision *only* if he/she is not living in his/her own home or a foster home.

c. ....Will probably be able to live under close supervision in a special boarding house, a hostel, or "half-way" house in the community, if he is not living at home or a foster home.

d. ....Will probably be able to live in the community, with some special supervision, on a regular basis.

e. ....Will probably be able to live in the community completely independent of outside supervision.

REMARKS

....

....

....

....

....

The following is an inventory of attitudes towards the rearing of retarded children. It is entirely anonymous and confidential. In order to interpret the results in the most meaningful manner, we would appreciate your circling the following personal items about yourself. This information will not be divulged to anyone and will only be used statistically. Please respond only to items applicable to you and your child.:

(1) I am the (father) (mother) of a retarded child.
(2) My child was born in the year ....
(3) He is currently residing at (home) (state institution) (private institution) (other).
(4) He was admitted to a state institution in .... (year).
(5) Our annual family income last year was approximately: (less than $3000) ($3000-5000) ($5000-7000) ($7000-10,000) (more than $10,000).
(6) I graduated from (grade school) (high school) (college) (graduate school).
(7) My (wife) (husband) graduated from (grade school) (high school) (college) (graduate school).

Read each of the statements on the following pages and then rate them as:

A	a	d	D
strongly agree	mildly agree	mildly disagree	strongly disagree

Indicate your opinion by drawing a circle around the "A" if you strongly agree, around the "a" if you mildly agree, around the "d" if you mildly disagree, and around the "D" if you strongly disagree.

There are no right or wrong answers, so anser according to your own opinion. It is very important to the study that all questions be answered. Many of the statements will seem alike but all are necessary to show slight ndiffereces of opinion.

	Agree		Disagree	
1. Retarded children should be allowed to disagree with their parents if they feel their own ideas are better.	A	a	d	D
2. A good mother should shelter her retarded child from life's little difficulties.	A	a	d	D
3. The home is the only thing that matters to a good mother.	A	a	d	D
4. Some retarded children are just so bad they must be taught to fear adults for their own good.	A	a	d	D
5. Retarded children should realize how much parents have to give up for them.	A	a	d	D
6 You must always keep tight hold of a retarded infant during his bath for in a careless moment he might slip.	A	a	d	D
7. People who think they can get along in marriage without arguments just don't know the facts.	A	a	d	D
8. A retarded child will be grateful later on for strict training	A	a	d	D
9. Retarded children will get on any woman's nerves if she has to be with them all day.	A	a	d	D
10. It's best for the retarded child if he never gets started wondering if his mother's views are right.	A	a	d	D
11. More parents should teach their own retarded children to have unquestioning loyalty to them.	A	a	d	D

	Agree		Disagree	
12. A retarded child should be taught to avoid fighting no matter what happens.	A	a	d	D
13. One of the worst things about taking care of a home is a woman feels that she can't get out.	A	a	d	D
14. Parents should adjust to the retarded child some, rather than always expecting the child to adjust to the parents.	A	a	d	D
15. There are so many things a retarded child has to learn in life there is no excuse for him sitting around with time on his hands.	A	a	d	D
16. If you let retarded children talk about their troubles they end up complaining even more.	A	a	d	D
17. Mothers would do their job better with retarded children if fathers were more kind.	A	a	d	D
18. A young retarded child should be protected from hearing about sex.	A	a	d	D
19. If a mother doesn't go ahead and make rules for the home the retarded child and husband will get into trouble they don't need to.	A	a	d	D
20. A mother should make it her business to know everything her retarded child is thinking.	A	a	d	D
21. Retarded children would be happier and better behaved if parents would show an interest in their affairs.	A	a	d	D
22. Most retarded children are toilet trained by 25 months of age.	A	a	d	D
23. There is nothing worse for a young mother than being alone while going through her first expreience with a retarded infant.	A	a	d	D
24. Retarded children should be encouraged to tell their parents about it whenever they feel family rules are unreasonable.	A	a	d	D
25. A mother should do her best to avoid any disappointment for her retarded child.	A	a	d	D
26. The women who want lots of parties seldom make good mothers.	A	a	d	D
27. It is frequently necessary to drive the mischief out of a retarded child before he will behave.	A	a	d	D
28. A mother must expect to give up her own happiness for that of her retarded child.	A	a	d	D
29. All young mothers are afraid of their awkwardness in handling and holding the retarded infant.	A	a	d	D
30. Sometimes it's necessary for a wife to tell off her husband in order to get her rights.	A	a	d	D
31. Strict discipline develops a fine strong character.	A	a	d	D
32. Mothers very often feel that they can't stand their retarded child a moment longer.	A	a	d	D
33. A parent should never be made to look wrong in a retarded child's eyes.	A	a	d	D
34. The retarded child should be taught to revere his parents above all other grown-ups.	A	a	d	D

Agree Disagree

35. A retarded child should be taught to always come to his parents or teachers rather than fight when he is in trouble. A a d D
36. Having to be with a retarded child all the time gives a woman the feeling her wings have been clipped. A a d D
37. Parents must earn the respect of their retarded child by the way they act. A a d D
38. A retarded child who doesn't try hard for success will feel it has missed out on things later on. A a d D
39. Parents who start a retarded child talking about his worries don't realize that sometimes it's better to just leave well enough alone. A a d D
40. Husbands could do their part if they were less selfish. A a d D
41. It is very important that young retarded boys and girls not be allowed to see each other completely undressed. A a d D
42. Retarded children and husbands do better when the mother is strong enough to settle most of the problems. A a d D
43. A retarded child should never keep a secret from his parents. A a d D
44. Laughing at retarded children's jokes and telling the retarded children jokes makes things go more smoothly. A a d D
45. The sooner a retarded child learns to walk the better he's trained. A a d D
46. It isn't fair that a woman has to bear just about all the burden of raising a retarded child by herself. A a d D
47. A retarded child has a right to his own point of view and ought to be allowed to express it. A a d D
48. A retarded child should be protected from jobs which might be too tiring or hard for him. A a d D
49. A woman has to choose between having a well run home and hobnobbing around with neighbors and friends. A a d D
50. Few women get the gratitude they deserve for all they done for their retarded child. A a d D
51. A wise parent will teach a retarded child early just who is boss. A a d D
52. Mothers stop blaming themselves if their retarded infant is injured in accidents. A a d D
53. No matter how well a married couple love one another, there are always differences which cause irritation and lead to arguments. A a d D
54. Retarded children who are held to firm rules grow up to be better adults. A a d D
55. It's a rare mother who can be sweet and even tempered with her retarded child all day. A a d D
56. Retarded children should never learn things outside the home which make them doubt their parents' ideas. A a d D
57. A retarded child soon learns that there is no greater wisdom than that of his parents. A a d D
58. There is no good excuse for a retarded child hitting another child. A a d D

	Agree		Disagree	
59. Most young mothers are bothered more by the feeling of being shut up in the home than by anything else.	A	a	d	D
60. Retarded children are too often asked to do all the compromising and adjustment and that is not fair.	A	a	d	D
61. Parents should teach their retarded children that the way to get ahead is to keep busy and not waste time.	A	a	d	D
62. Retarded children pester you with all their little upsets if you aren't careful from the first.	A	a	d	D
63. When a mother doesn't do a good job with a retarded child it's probably because the father doesn't do his part around the home.	A	a	d	D
64. Retarded children who take part in sex play become sex criminals when they grow up.	A	a	d	D
65. A mother has to do the planning because she is the one who knows what's going on in the home.	A	a	d	D
66. An alert parent should try to learn all her retarded child's thoughts.	A	a	d	D
67. Parents who are interested in hearing about their retarded child's parties, dates and fun help them grow up right.	A	a	d	D
68. The earlier a retarded child is weaned from its emotional ties to its parents the better it will handle its own problems.	A	a	d	D
69. A wise woman will do anything to avoid being by herself after giving birth to a retarded infant.	A	a	d	D
70. A retarded child's ideas should be seriously considered in making family decisions.	A	a	d	D
71. Parents should know better than to allow their retarded child to be exposed to difficult situations.	A	a	d	D
72. Too many women forget that a mother's place is in the home.	A	a	d	D
73. Retarded children need some of the natural meanness taken out of them.	A	a	d	D
74. Retarded children should be more considerate of their mothers since their mothers suffer so much for them.	A	a	d	D
75. Most mothers are fearful that they may hurt their retarded infants in handling them.	A	a	d	D
76. There are some things which just can't be settled by a mild discussion.	A	a	d	D
77. Most retarded children should have more discipline than they get.	A	a	d	D
78. Raising a retarded child is a nerve-wracking job.	A	a	d	D
79. The retarded child should not question the thinking of his parents.	A	a	d	D
80. Parents deserve the highest esteem and regard of their retarded children.	A	a	d	D
81. Retarded children should not be encouraged to box or wrestle because it often leads to trouble or Injury.	A	a	d	D

	Agree		Disagree	
82. One of the bad things about raising a retarded child is that you aren't free enough of the time to do just as you like.	A	a	d	D
83. As much as is reasonable a parent should try to treat a retarded child as an equal.	A	a	d	D
84. A retarded child who is "on the go" all the time will most likely be happy.	A	a	d	D
85. If a retarded child has upset feelings it is best to leave him alone and not make it look serious.	A	a	d	D
86. If mothers could get their wishes they would most often ask that their husbands be more understanding.	A	a	d	D
87. Sex is one of the greatest problems to be contended with in retarded children.	A	a	d	D
88. The whole family does fine if the mother puts her shoulders to the wheel and takes charge of things.	A	a	d	D
89. A mother has a right to know everything going on in her retarded child's life because her child is a part of her.	A	a	d	D
90. If parents would have fun with their retarded children the children would be more apt to take their advice.	A	a	d	D
91. A mother should make an effort to get her retarded toilet trained at the earliest possible time.	A	a	d	D
92. Most women need more time than they are given to rest up in the home after going through childbirth.	A	a	d	D
93. When a retarded child is in trouble he ought to know he won't be punished for taliing about it with his parents.	A	a	d	D
94. Retarded children should be kept away from all hard jobs which might be discouraging.	A	a	d	D
95. A good mother will find enough social life within the family.	A	a	d	D
96. It is sometimes necessary for the parents to break the retarded child's will.	A	a	d	D
97. Mothers sacrifice almost all their own fun for their retarded child.	A	a	d	D
98. A mother's greatest fear is that in a forgetful moment she might let something happen to the retarded infant.	A	a	d	D
99. It's natural to have quarrels when two people who both have minds of their own get married.	A	a	d	D
100. Retarded children are actually happier under strict training.	A	a	d	D
101 It's natural for a mother to "blow her top" when a retarded child is selfish and demanding.	A	a	d	D
102. There is nothing worse than letting a retarded child hear criticisms of his mother.	A	a	d	D
103. Loyalty to parents comes before anything else.	A	a	d	D
104. Most parents prefer a quiet retarded child to a "scrappy" one.	A	a	d	D
105. A young mother feels "held down" because there are lots of things she wants to do while she is young.	A	a	d	D
106. There is no reason parents should have their own way all the time, any more than that a retarded child should have his own way all the time.	A	a	d	D

	Agree		Disagree	
107. The sooner a retarded child learns that a wasted minute is lost forever the better off he will be.	A	a	d	D
108. The trouble with giving attention to retarded children's problems is they usually just make up a lot of stories to keep you interested.	A	a	d	D
109. Few men realize that a mother needs some fun in life too.	A	a	d	D
110 There is usually something wrong with a retarded child who asks a lot of questions about sex.	A	a	d	D
111. A married woman knows that she will have to take the the lead in family matters.	A	a	d	D
112. It is a mother's duty to make sure she knows her retarded child's innermost thoughts.	A	a	d	D
113. When you do things together, retarded children feel close to you and can talk easier.	A	a	d	D
114. A retarded child should be weaned away from the bottle or breast as soon as possible.	A	a	d	D
115. Taking care of a retarded infant is something that no woman should be expected to do all by herself.	A	a	d	D

SENTENCE COMPLETION TASK

1. Mentally retarded children are often ....
2. When I see mentally retarded children together with non-retarded children, I ....
3. The development of a mentally retarded child most often depends..........
4. Schooling for the retarded child ....
5. As a rule state institutions for the retarded ....
6. Parents of retarded children often ....
7. The greatest problem with a retarded child is..........
8. Compared to a normal child, a retarded youngster is ....
9. Attendants in institutions for retarded children are ....
10. When I look at a retarded child I ....
11. I often wonder why the mentally retarded ....
12. Fathers of mentally retarded children often ....

13. It is foolish to think that the mentally retarded child ....

14. The greatest danger to a retarded child ....

15. Mothers of mentally retarded children often ....

16. The trouble with institutions for the retarded ....

17. People should understand that retarded children ....

18. Retarded adults tend to ....

19. Teachers of retarded children often ....

20. I often wish that retarded children ....

21. The mentally retarded ....

SCORING INSTRUCTIONS FOR THE SENTENCE COMPLETION TASK

1. **Mentally retarded children are often . . .**

The subject is the respondent's attitudes toward the retarded.

I. a. Categorized *positive* statements. (Typical statements: e.g. cute, lovable, etc.).
   b. *Negative* statements refer to any undesirable quality other than mental retardation (e.g. slow to learn). (Typical statement: disturbed, etc.).
   c. *Other* unclassifiable or neutral statements, e.g. slow.

II. a. Categorized statements referring to the *Needs of the retarded*, such 'they need a lot of help," "should be trained."
   b. Categorized statemnts referring to *descriptive* category, such as "slow," "helpless," "difficult," "cute," "harder to train."
   c. Neutral — Statements falling into neither classification.

Note: In case of a dual statement "are lovable and sickly" the category *Other* is used since it is both positive and negative. In case of dual statements the *Need* category overrides *Description*. Either of the above overrides *Neutral*.

2. **When I see mentally retarded children together with non-retarded children, I . . .**

The subject is the respondent's attitude toward the association of retardates and typical children.

a. Score as *positive* any favorable attitude. Typical answers: "think it good that they get along," "think it is good for both."

b. Score as *negative* any attitude discouraging such an association. Typical answers: "often see the normal children picking on the retarded," "think it cruel to put them together."

c. Score as *other* any statement not pertaining to the subject, e.g., "feel sorry for them" (here the emphasis is on the feeling of the respondent toward the retarded and not about their association with other children,) "see the difference," etc.

3. **The development of a mentally retarded child most often depends . . .**

The subject is the most important influences in the development of a retarded child.

a. *Home* Family and parental concern, e.g. "Family and home care," "How his mother treats him."

b. *Public agencies* including schools, institutions, etc. and professional help.

c. Other general statements, e.g. "the environment" or ambiguous statements.

Note: When the home is mentioned in any way in a sentence it overrides other scores. Specialized training procedures depend on agencies are scored as "agencies."

4. **Schooling for the retarded child . . .**

The subject is the attitude of the respondent towards current schooling offered to the retarded.

a. *Positive* attitudes towards the system and its encouragement is scored in this category.

b. *Negative* attitudes indicating a dissatisfaction with current methods is scored in this category.

c. *Other* ambiguous or irrelevant answers are scored here.

5. **As a rule state institutions for the retarded . . .**

The subject is the respondent's general attitude to institutions. It relates to satisfaction with current institutional practices and conditions.

a. *Positive* attitudes, praising the system, e.g. "we need more of them." "Do the best that can be done."

b. *Negative* attitudes suggesting dissatisfaction with current practices. E.g. "Could be improved," "should be run better," etc.

c. *Other*. Ambiguous or irrelevant answers.

6. **Parents of retarded children often . . .**

The subject is the respondent's evaluation of parental attitudes. The respondent's assessment about parents of retarded children and their response to their offspring is scored here.

a. *Positive* feelings of the parents about the retarded child, e.g. "try very hard to bring them up right, "show love nad concern."

b. *Negative* attitudes of the parent to the children, e.g. "reject them," "put them in institutions and don't visit them" etc.

c. *Other* Irrelevant or ambiguous statements.

7. **The greatest problem with a retarded child is . . .**

The question here is whether the respondent sees the greatest deficiency problem in retardation as some inherent in the retarded themselves, or in some lack in his surroundings.

a. *Internal* refers to a defect residing within the retardate "being show," "disturbance," "stubborness," etc.

b. *External* refers to a lack or impediment in society or in his caretakers. E.g. "insufficient training," "education," etc.

c. *Neutral* Ambiguous or irrelevant answers.

8. **Compared to a normal child, a retarded youngster is . . .**

The question here is how the respondent perceives the retardate in relation to a typical child. We are interested whether these differences are seen in terms of needs of the retarded or in descriptive terms.

a. *Needs* refer to any action which should be or are taken on the retardates behalf, e.g. "in need of understanding," "should be trained more carefully."

Description refers to any quality inherent in the retardate, e.g. "is harder to train," "is more loveable."

9. Attendants in institutions for retarded children are . . .

The subject here deals with responses to attendants. We are interested whether the answer relates to administrative or formal job qualities, or whether the personal qualities of the aides are brought out.

a. *Job Oriented* refers to any administrative situation or problem, e.g. "are underpaid," "are not appreciated by their supervisors" etc.

b. *Aide Oriented* refers to qualities inherent in the aides themself . . ." "are good," "are cold," "impersonal."

c. *Others* Irrelevant or ambiguous answers.

10. When I look at a retarded child, I . . .

This sentence is designed to tap the personal and active involvement of the respondent with retardates.

a. *Action* refers to a desire to do something for the retardate, e.g. "want to help as much as I can."

b. *Inaction* refers to subjective feelings without an indication of a desire to become actively engaged in interacting with the retardate, e.g. "I feel sorry for him."

c. *Other* Ambiguous or irrelevant answers.

Note: Action supercedes inaction.

11. I often wonder why the mentally retarded . . .

This sentence taps an area of puzzlement and questioning in the field of mental retardation. We are interested in whether the respondent's question refers to environmental lags (e.g. lack of research) or to the essence of mental retardation.

a. *External* refers to any area outside the mentally retarded, e.g. "not accepted by society."

b. *Internal* refers to being mentally retarded, e.g. "have been born," "are that way," etc.

c. *Other* Irrelevant or ambiguous answer.

12. Fathers of mentally retarded children often . . .

The subject is the respondent's assessment of fathers' reaction to the retarded. The rating refers to the positive or negative attitude of the parent.

a. *Positive* feelings of the parents about the retarded child, e.g. "try very hard to being them up right," "show love and concern."

b. *Negative* attitudes of the parent to the children, e.g. "reject them," "put them in institutions and don't visit them," etc.

c. *Other* Irrelevant or ambiguous statements.

13. It is foolish to think that the mentally retarded child . . .

This sentence represents an attempt to understand the feelings respondents have over misconceptions of others with respect to the retarded. These erroneous *over* or *under* evaluations ar eour main interest. Are the respondents feeling that most people think *too highly* of the retarded or *too poorly*.

a. *High Expectations* are those which mention untainable goals for the retarded, e.g. "that they can be doctors," "that they can all be well," "that they can function in society."

b. *Low Expections* refer to statements of erroneous underestimation. E.g. "cannot be trained," "are all like vegetables," etc.

c. *Other* Irrelevant or ambiguous statements.

14. The greatest danger to a retarded child . . .

The question relates to the most serious dangers encountered by the retarded. We are interested whether this danger is perceived in psychological-social or physical terms.

a. *Psychological Injury* refers to the effects of neglect, deprivation or mental cruelty, resulting in feelings of unhappiness. e.g. "to be forgotten."

b. *Physical Injury* refers to any physical harm which may result from any agent. E.g. "to tbe abused," "Oher retarded children (verbal or psychological aggression not specified,)" etc.

c. *Other* Irrelevant or ambiguous statements.

15. Mothers of mentally retarded children often . . .

The subject is the respondent's guess as to how mothers of retarded children feel towards their offsprings.

Scoring is analogous to sentence No. 6.

16. The trouble with institutions for the retarded . . .

This sentence was designed to elicit negative attitudes toward Institutions. Scoring is designed to differentiate between negative attitudes referring to physical defects in the institutional plant (such as overcrowding) and administrative problems (such as poor management or pay.)

a. *Physical Plant* refers to criticisms of the physical working conditions. (E.g. "lvercrowded," "not enough toilets.")

b. *Administrative Mismanagement* refers to criticisms of practices which could be changed without having to resort to physical plant modification ("understaffed" "they don't listen to us aides," "too many bosses," "too impersonal."

Denial of problems — nothing wrong with institution*

*Used for parents only.

c. *Other*: Irrelevant or ambiguous statements.

17. People should understand that retarded children . . .

This sentence refers to the desire of the respondent to have people in his environment understand a basic fact about mental retardation. Presumably they back this understanding at this time. Scoring refers to knowledge about the essence of mental retardation vs. the help or assistance the outside world can give them.

a. *Within the MR* refers to a statement about characteristics inherent in retarded children; e.g. "that the retarded are slow," "they are human beings."

b. *External to the MR* refers to a statement of action on the part of the community; e.g. "can be helped," "can do many things if one trains them."

c. *Other* Ambiguous or irrelevant statements.

Note: Statements of *External* action override other statement within a sentence.

18. Retarded adults tend to . . .

This sentence is analogous to and should be treated like sentence No. 1.

19. Teachers of retarded children often . . .

This statement refers to the respondent's attitude towards the teachers of the retarded he has encountered. It is scored in terms of the positive or negative opinions he holds about them.

a. *Positive* Statements suggest that teachers do a good job.

b. *Negative* statement suggests that they do a poor job or that their work needs improvement.

c. *Other* Ambiguous or irrelevant answers.

20. I often wish that retarded children . . .

This sentence permits an expression of wishes on part of the respondent. These wishes may be specific, they may represent a generalized attitude or they may be magical and totally devoid or reality testing.

a. *Specific and Concrete* refers to realistic and concrete remedies to be instituted in the field of mental retardation, e.g. "many more school programs," "more financial aid to institutions."

b. *General* refers to a general but reality bound statement, e.g. "could be loved more," "could get better care," "were treated better."

c. *Magic* refers to statements divorced from reality, e.g. "could all be cured," "didn't exist," etc. Unscorable statements are discarded here.

21. The mentally retarded . . .

This statement is a general. one. It is the most ambiguous of the test. Scoring reflects the perception of the retarded as isolated individuals vs. their relationship to other people.

a. *Isolated* refers to any statement referring to the retardates or retardation without explicit mention of other persons in the environment, e.g. "are a problem," "are slow."

b. *Related* refers to a relationship to other people "need the love of many," "are our responsibility," etc.

c. *Other* Ambiruous or irrelevant answers.